

EXHIBIT C

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

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In re: NEURONTIN MARKETING, SALES PRACTICES, AND PRODUCTS LIABILITY LITIGATION	: MDL Docket No. 1629 : : Master File No. 04-10981 :
-----X	
	: Judge Patti B. Saris :
THIS DOCUMENT RELATES TO:	: Magistrate Judge Leo T. : Sorokin
-----X	
RUTH SMITH, as Executrix for the Estate of RICHARD H. SMITH, deceased	: : : :
05C1311	: : :
-----X	

PLAINTIFF'S SUPPLEMENTAL DISCLOSURE STATEMENT

PLEASE TAKE NOTICE, that, pursuant to Rule 26 of the Federal Rules of Civil Procedure, Plaintiff(s), by their attorneys, make and supplement their disclosures as follows.

These disclosures are made subject to all objections as to competence, materiality, relevance, or other objections as to admissibility that may apply in the event that any such response, or the information contained in it, is sought to be used in court. Plaintiff(s) expressly reserve all such objections.

A. Rule 26(a)(1)(A): The name and, if known, the address and telephone number of each individual likely to have discoverable information that the disclosing party may use to support its claims or defenses, unless solely for impeachment, identifying the subjects of the information.

Discovery and investigation in this action is ongoing. Based on the information reasonably available, Plaintiff(s) are unable at the present time to identify each and every individual who would have discoverable information that Plaintiff(s) may use to support their claims or defenses in this

case, and the subjects of such information. Plaintiff(s) reserve the right to supplement these disclosures as they become aware of additional individuals who have such information.

Subject to the foregoing and without waiver of any of Plaintiff(s) rights, the following individuals may have information that Plaintiff(s) may use to support their claims or defenses in this action:

1. Friends and family of the deceased and/or Plaintiff, including: Ruth B. Smith, PO Box 292004, Nashville, TN 37229; Sherri Smith Hoskins, 204 Chester Stephens Rd, Franklin, TN 37067; Buford Hoskins, 204 Chester Stephens Rd, Franklin, TN 37067; Gayle Smith Lawson, 5003 Brentview Ct, Nashville, TN 37220; Gene Lawson, 5003 Brentview Ct, Nashville, TN 37220; Cindy Smith Charlton, P.O. Box 292004, Nashville, TN 37229; Andrew Charlton, P.O. Box 292004, Nashville, TN 37229; and Wes Carnahan, 2936 McGavock Pike, Nashville, TN 37214;
2. Police and ambulance personnel who responded to/investigated the incident, including Metropolitan Police Department, 200 James Robertson Parkway, Nashville, TN 37201 and Nashville Fire and Rescue, 500 2nd Ave, Nashville, TN 37201;
3. Medical examiners and staff personnel at Forensic Medical, 850 R S Glass Blvd, Nashville, TN 37216 and Aegis Science Corporation, 345 Hill Ave, Nashville, TN 37210;
4. Neurontin prescribing physician Dr. Paul R. McCombs at Neurosurgical Associates, 4230 Harding Rd, Suite 303, Nashville, TN 37205;
5. Neurontin prescribing physician Dr. Edward S. Mackey Jr. 4230 Harding Rd, Suite 1000, Nashville, TN 37205;
6. Physicians and staff personnel at Heritage Medical Associates, 2325 Crestmoore, Nashville, TN 37215, including Dr. James Jones;
7. Physicians and staff personnel at Spaulding & Nesbitt Urology Clinic, 345 23rd Ave N, Suite 212, Nashville, TN 37203, including Dr. Tom E. Nesbit;
8. Physicians and staff personnel at Tennessee Orthopaedic Alliance, 301 21st Ave N, Nashville, TN 37203, including Dr. Stewart Stowers;
9. Physicians and staff personnel at Otolaryngology Associates of Tennessee, 2410 Patterson St, Suite 210, Nashville, TN 37203;
10. Physicians and staff personnel at Neurological Surgeons, 2410 Patterson St, Suite 500, Nashville, TN 37203;
11. Physicians and staff personnel at Willowbrook Home Health Care, 2 International Plaza Dr, Suite 425, Nashville, TN 37217;
12. Physicians and staff personnel at University Medical Center, 1411 W Baddour Parkway, Lebanon, TN 37087;
13. Physicians and staff personnel at Baptist Hospital, 2000 Church St, Nashville, TN 37236, including Dr. John Anderson;
14. Physicians and staff personnel at Centennial Medical Center, 2300 Patterson St, Nashville, TN 37203;
15. Physicians and staff personnel at Elite Sports Medicine and Orthopedic Center, 2021 Church St, Suite 200, Nashville, TN 37203;

16. Physicians and staff personnel at Midstate Cardiology, 222 22nd Ave North, Suite 400, Nashville, TN 37203;
17. Physicians and staff personnel at Urology Associates, 2801 Charlotte Ave, Nashville, TN 37209;
18. Physicians and staff personnel at Nashville Otolaryngology Consultants, 222 22nd Ave North, Suite 600, Nashville, TN 37203;
19. Physicians and staff personnel at Nashville Internal Medicine Associates, 211 22nd Ave North, Nashville, TN 37203;
20. Physicians and staff personnel at Associated Urologists of Nashville, 4230 Harding Rd, Nashville, TN 37205;
21. Physicians and staff personnel at Premier Orthopaedics & Sports Medicine, 2400 Patterson St, Nashville, TN 37203;
22. Physicians and staff personnel at Family Chiropractic Health Center, 4117 Gallatin Rx, Nashville, TN 37216, including Dr. M Crawford;
23. Physicians and staff personnel at Vanderbilt University Medical Center, 1211 22nd Ave South, Nashville, TN 37232;
24. Physicians and staff personnel at MOHS Micrographic Surgery and Dermatology, 1301 22nd Ave South, Nashville, TN 37232;
25. Physicians and staff personnel at Sports Medicine Center, 16120 W Dodge Rd, Omaha, NE 68118;
26. Dr. Douglas Waldo at Heart & Vascular Clinic, 240 Patterson St, Suite 215, Nashville, TN 37203;
27. Dr. David N. Dyer, 2200 Murphy Ave, Suite B, Nashville, TN 37203;
28. Dr. William B. Harwell Jr., 1900 Patterson St, Suite 205, Nashville, TN 37203;
29. Dr. Burton F. Elrod, at Southern Sports Medicine, 2021 Church St, Suite 200, Nashville, TN 37203;
30. Dr. Michael T. Santi at Colon & Rectal Surgery Associates, 240 Patterson St, Suite 201, Nashville, TN 37203;
31. Dr. Frank Berklacich, 4230 Harding Rd, Suite 805, Nashville, TN 37205;
32. Dr. Carl Hampf, 300 20th Ave N, Suite 506, Nashville, TN 37203;
33. Dr. James Cato, 222 2nd Ave N, Nashville, TN 37203;
34. Christopher L. Woods, DDS, 1502 17th Ave South, Nashville, TN 37212;
35. Dr. Thomas Stasko, Vanderbilt Dermatology Clinic, 1301 22nd Ave S, Suite 3903, Nashville, TN 37232;
36. Dr. Rex Arendall, Neurological Associates, 345 23rd Ave N, Suite 420, Nashville, TN 37203;
37. Dr. Daryl Kaswinkel, Loden Vision Center, 907 Rivergato Parkway, Suite C2020, Goodlettsville, TN 37072;
38. Dr. David Schull, 4230 Harding Rd, Suite 521, Nashville, TN 37205;
39. Dr. Nathan Teague Mowery, 1211 21st Ave, S/404 Medical Arts Building, Nashville, TN 37212;
40. Dr. Edwin Regen, address unknown;
41. Pharmacists and staff personnel at Eckerd Drugs, 3407 Gallatin Rd, Nashville, TN 37216.

B. Rule 26(a)(1)(B): A copy of, or a description by category and location of, all documents, data compilations, and tangible things that are in the possession, custody, or control of the party and that the disclosing party may use to support its claims or defenses, unless solely for impeachment.

Because discovery and investigation in this action is ongoing, Plaintiff is unable at the present time, based on the information readily available, to identify all documents, compilations, and tangible things, if any, that Plaintiff may use to support claims or defenses in this case and the subject of such information.

Subject to the foregoing and without waiving any of Plaintiff's rights, Plaintiff submits the following:

1. Death certificate, previously served 8/7/07;
2. Metropolitan Nashville Police Department report, previously served 8/8/06 and 8/7/07;
3. Forensic Medical records and toxicology report, previously served 8/7/07;
4. Aegis Science Corporation, records, annexed;
5. Ambulance report, annexed;
6. IRS, records, annexed;
7. Suicide note, previously served 9/11/06;
8. Obituary, previously served 9/11/06;
9. W-2 forms, previously served 9/11/06;
10. Copies of prescription receipts/labels, previously served 10/9/07;
11. Dr. James Cato, records, previously served 8/28/06 and 8/7/07;
12. Dr. Edward Mackey, Jr., records, previously served 8/28/06 and 8/7/07;
13. Dr. Paul McCombs, records, previously served 8/28/06 and 8/7/07;
14. Christopher Woods, DDS, records, previously served 8/28/06 and 8/7/07;
15. Dr. Daryl Kaswinkel, records and bills, previously served 8/28/06 and 8/7/07;
16. Tennessee Orthopedic Alliance, records, previously served 8/7/07;
17. Baptist Hospital, records, previously served 8/7/07;
18. Blue Cross Blue Shield of Tennessee, records, previously served 8/7/07;
19. Dr. Carl Hampf, records, previously served 8/7/07;
20. Centennial Medical Center, records, previously served 8/7/07;
21. Center for Medicare and Medicaid, records, previously served 8/7/07;
22. Colon & Rectal Surgery Associates, records, previously served 8/7/07;
23. Dr. David Dyer, records, previously served 8/7/07;
24. Eckerd Drugs, records, previously served 8/7/07;
25. Dr. Frank Berklacich, records, previously served 8/7/07;
26. Dr. William Harwell Jr., records, previously served 8/7/07;
27. Heart & Vascular Clinic, records, previously served 8/7/07;
28. Heritage Medical Associates, records and bills, previously served 8/7/07;
29. Nashville Office Machines, records, previously served 8/7/07;

30. Neurological Associates, records, previously served 8/7/07;
31. Neurological Surgeons, records, previously served 8/7/07;
32. Otolaryngology Associates of Tennessee, records, previously served 8/7/07;
33. Southern Sports Medicine, records, previously served 8/7/07;
34. Spaulding & Nesbitt Neurology Clinic, records, previously served 8/7/07;
35. University Medical Center, records, previously served 8/7/07;
36. Vanderbilt Medical Center, records, previously served 8/7/07;
37. Dr. Thomas Stasko, records, previously served 6/1/07 and 9/8/06;
38. Sports Medicine Center, records, annexed;
39. Willowbrook Home Health Care, records, annexed;
40. Elite Sports Medicine and Orthopedic Center, records, annexed;
41. Midstate Cardiology, records, annexed;
42. Urology Associates, records, annexed;
43. Nashville Internal Medicine Associates, records, annexed;
44. Nashville Otolaryngology Consultants, records;
45. Associated Urologists of Nashville, records, annexed;
46. Premier Orthopaedics & Sports Medicine, records, annexed;
47. Family Chiropractic Health Center, records;
48. MOHS Micrographic Surgery and Dermatology, records, annexed;
49. Dr. David Schull, records, annexed;
50. Dr. Nathan Teague Mowery, records;
51. Dr. Edwin Regen, records.

Dated: June 11, 2008

s/ Kenneth B. Fromson

Kenneth B. Fromson
Finkelstein & PARTNERS, LLP
436 Robinson Avenue
Newburgh, NY 12550
(845) 562-0203

CERTIFICATION FOR LABORATORY RECORDS

CUSTODIAN OF RECORDS
Aegis Science Corporation
Attn:
345 Hill Avenue
Nashville, Tennessee 37210

Please find enclosed a request for records of:
Smith, Richard H
DOB: 1/4/1925
SSN: 412-24-6663
MRC Request No.: NRTN-P1-000-024-DQM

Please find the following request for records:

Any and all inpatient and outpatient lab reports, doctors notes, patient information sheets, evaluations, narratives, insurance records, pathology reports, lab reports, office notes, correspondence, memorandums, phone messages, notations, file folders, printouts of any data stored on computer hard drives, diskettes, and CD roms.

SECTION I: CERTIFICATION OF CUSTODIAN OF RECORDS

I, the undersigned, being the authorized custodian of records or other qualified witness, and having the authority to certify the attached records proclaim the following:

The attached _____ page(s) of records: Films: _____ Slides: _____ Blocks: _____ CDs: _____ Videos: _____ (1) were made at or near the time the act, event, condition, opinion or diagnosis by a person with knowledge of the matters reflected in the records; (2) were kept in the course of regularly conducted activity; (3) were created as part of the regular practice of the provider; and (4) are the complete and unabridged copies of records maintained by this facility with regards to the above-named plaintiff.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature _____ Print Name _____

Executed on (date) _____

SECTION II: CERTIFICATION OF NO RECORDS

A thorough search of our files, carried out under my direction revealed no documents, records or other materials called for in the subpoena or authorization.

PLEASE CHECK ALL THAT ARE APPLICABLE TO YOUR SEARCH FOR RECORDS

1. ☒ A thorough search of the patient's SS#, Date of Birth and all aka's was done and no such records were found, and to the best of my knowledge these records do not exist in storage.
2. ☐ These records have been destroyed. Our retention policy is _____ years.
3. ☐ These records are in the possession of _____.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature Regina Severe Print Name Regina Severe

Executed on (date) 10/11/07

PLEASE RETURN THIS CERTIFICATION

Finkelstein & PARTNERS

Counselors At Law

A Limited Liability Partnership

(800) 634-1212

Fax: (845) 562-3492

www.lawampm.com

REFER TO OUR FILE #: 231407-06

April 24, 2006

Nashville Fire & Rescue
500 2nd Avenue
Nashville, TN 37201

Re: Richard H. Smith
Date of Accident: 05/13/2004

Dear Sir/Madam:

This office represents the above-named individual for a claim for injuries sustained as a result of ingesting Neurontin. As the legal representative of our client, please furnish this office with a copy of the EMS Report on a incident that occurred on the above date at 1443 Janice Avenue, Nashville, TN 37216. I have enclosed an authorization and a self addressed stamped envelope for your convenience. Feel free to contact me at the extension below should you have any questions Thank you.

Very truly yours,

Finkelstein & PARTNERS, LLP



By: Oswald O. Vasconez, Legal Assistant, Ext. 9550

Howard S. Finkelstein, P.C. (NY)
Andrew G. Finkelstein, P.C. (NY & NJ)
George M. Levy (NY)
Kenneth L. Oliver, P.C. (NY)
Joel S. Finkelstein, P.C. (NY, NJ, MA & FL)
Duncan W. Clark (NY)
Ronald Rosenkrantz (NY)
Robert J. Camera (NY & NJ)
Joseph P. Rones (NY & FL)
Steven Lim (NY)
George A. Kohl, 2nd (NY & MA)
Eleanor L. Pollman (NY)
Steven H. Cohen (NY)
Francis Navarra (NY)
Andrew J. Genna, LL.M. (NY & PA)
Thomas C. Yatto (NY)

Accredited CLE Provider

Elyssa M. Fried-DeRosa (NY)
Mary Ellen Wright (NY)
Kenneth B. Fromson (NY & NJ)
Joel Bossom (NY)
Nancy Y. Morger (NY, NJ & PA)
Andrew L. Spitz (NY)
James W. Shuttleworth, III (NY)
Lawrence D. Lissauer (NY)
David E. Gross (NY & NJ)
Terry D. Homer (NY)
Robert F. Moson (NY)
Julio E. Urrutia (NY)

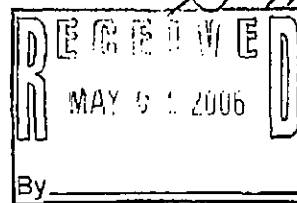
Debra J. Helsenman (NY)
Michael T. McGarry (NY)

Steven P. Shultz (NY & MA)
Victoria Lieb Ughicap (NY & MA)
Ann R. Johnson (NY & CT)
Marshall P. Richer (NY)
Thomas J. Pronil (NY)
Kristine M. Cahill (NY & CT)
Kara L. Campbell (NY & CT)
Ariah Mazoll (NY)
Christopher T. Millman (NY)
Silvia Fermanian (NY)
Edward M. Steves (NY)
Karen M. Quenan (NY & CT)
Mario Dusault (NY)
Andrew I. Falk (NY)
Glenn W. Kelleher (NY)

Melody A. Gregory (NY & CT)
Gail Schlenger (NY)
Elizabeth A. Wolff (NY & MA)

Of Counsel
Julius P. Levine, P.C. (NY & FL)
Michael O. Gillelsohn, P.C. (NY)
Joel A. Reback (NY & Israel)
Sheila Rosenrauch (NY)
Kenneth Cohen (NJ)
Cynthia M. Maurer (NY & NJ)
Raye D. Fularas (NJ)
Frances M. Bova (NY & NJ)
Kenneth G. Barlett (CT & NJ)
Ari Kresch (NY & MI)

*No Records Found
on this person*



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

Patient Name Richard H. Smith	Date of Birth 1/4/25	Social Security Number 412-24-6663
Patient Address PO BOX 292004, Nashville, TN 37229		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, to include psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the appropriate State Division of Human Rights or City Commission of Human Rights, as these agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9(b).**

7. Name and address of health provider or entity to release this information: NASHVILLE FIRE & RESCUE, 500 2nd AVENUE, NASHVILLE, TN 37201	
Name and address of person(s) or category of person to whom this information will be sent: Finkelstein & Partners, LLP, 436 Robinson Avenue, Newburgh, NY 12550	
9(a). Specific information to be released: <input type="checkbox"/> Medical Record from (insert date) <u>05/13/04</u> to (insert date) _____ <input type="checkbox"/> Entire Medical Record, including patient histories, office notes (to include psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers. <input checked="" type="checkbox"/> Other: <u>EMS REPORT</u> <div style="text-align: right;"> Include: (Indicate by Initialing) <u>RBS</u> Alcohol/Drug Treatment <u>RBS</u> Mental Health Information <u>RBS</u> HIV-Related Information </div>	
Authorization to Discuss Health Information (b) <input type="checkbox"/> By initialing here <u>RBS</u> authorize _____ <div style="display: flex; justify-content: space-between;"> Initials Name of individual health care provider </div> to discuss my health information with my attorney, or a governmental agency, listed here: <u>Finkelstein & Partners, LLP</u> (Attorney/Firm Name or Governmental Agency Name)	
10. Reason for release of information: <input type="checkbox"/> At request of individual <input checked="" type="checkbox"/> Other: legal proceeding	11. Date or event on which this authorization will expire: <u>at the conclusion of my court case</u>
12. If not the patient, name of person signing form: <u>Ruth Smith</u>	13. Authority to sign on behalf of patient: <u>as Wife for the Estate of Richard Smith, deceased</u>

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of this form.

Ruth B. Smith
 Signature of patient or representative authorized by law.

Date: 4-20-06

Any facsimile, copy or photocopy of the authorization shall authorize you to release the records herein.

* Human Immunodeficiency Virus that causes AIDS.



To Whom It May Concern:

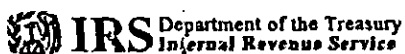
This document serves as a placeholder for an admissible Certification of Records, Affidavit, Declaration or Deposition Upon Written Questions that has not yet been received from the custodian of records.

When the admissible Certification of Records, Affidavit, Declaration or Deposition Upon Written Questions is successfully obtained, the admissible document will replace this placeholder.

In the event that an admissible Certification of Records, Affidavit, Declaration or Deposition Upon Written Questions cannot be obtained, this letter will remain in the records.

Thank You,

Medical Research Consultants



AUSTIN TX 73301-0058

MRC OF HOUSTON
6330 WEST LOOP SOUTH STE 105
BELLAIRE TX 77401

CUT OUT AND RETURN THE VOUCHER AT THE BOTTOM OF THIS PAGE IF YOU ARE MAKING A PAYMENT,
EVEN IF YOU ALSO HAVE AN INQUIRY.

The IRS address must appear in the window.

0612624690

BODCD-SB

Use for payments

Letter Number: LTR1275C
Letter Date : 2007-05-30
Tax Period : 199912



412246663

INTERNAL REVENUE SERVICE

AUSTIN TX 73301-0058



MRC OF HOUSTON
6330 WEST LOOP SOUTH STE 105
BELLAIRE TX 77401



AUSTIN TX 73301-0058

In reply refer to: 0612624690
May 30, 2007 LTR 1275C 1
412-24-6663 199912 30 000
00011103
BODC: SB

MRC OF HOUSTON
6330 WEST LOOP SOUTH STE 105
BELLAIRE TX 77401

Taxpayer Identification Number: 412-24-6663
Tax Period(s): Dec. 31, 1999
Dec. 31, 2004
Form: 1040

Dear Sir/Madam:

We received your payment and request dated Feb. 23, 2007, for a copy of the form(s) shown above.

We are enclosing the photocopy, as you requested, for the year(s) 2003 2004.

We are sorry, but we cannot send all the copies you requested. We will send the remainder to you within 45 days.

If you have any questions, please call us toll free at 1-800-829-0922.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

0612624690
May 30, 2007 LTR 12750 1
412-24-6663 199912 30 000
00011104

MRC OF HOUSTON
6330 WEST LOOP SOUTH STE 105
BELLAIRE TX 77401

Sincerely yours,



Denise Bradley
Chief, Accounting Operations

Enclosure(s):
Photocopies

062

1822213847735-4



Form 1040

Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return 2003

(99) IRS Use Only — Do not write or staple in this space.

Label
(See instructions.)Use the
IRS label.
Otherwise,
please print
or type.Presidential
Election
Campaign
(See instructions.)

For the year Jan 1 - Dec 31, 2003, or other tax year beginning		2003, ending		20		OMB No. 1545-0074	
Your first name		MI		Last name		Your social security number	
RICHARD		H		SMITH		412-24-6663	
If a joint return, spouse's first name		MI		Last name		Spouse's social security number	
RUTH		B		SMITH		245-22-3019	
Home address (number and street). If you have a P.O. box, see instructions.						Apartment no.	
1443 JANIE AVENUE							
City, town or post office. If you have a foreign address, see instructions.						State ZIP code	
NASHVILLE						TN 37216-2820	

▲ Important! ▲
You must enter your social security number(s) above.

Note: Checking 'Yes' will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You Spouse
Yes No Yes No
☐ Yes ☒ No ☐ Yes ☒ No

Filing Status

- 1 ☐ Single
 2 ☒ Married filing jointly (even if only one had income)
 3 ☐ Married filing separately. Enter spouse's SSN above & full name here
 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here
 5 ☐ Qualifying widow(er) with dependent child. (See instructions.)

Check only one box.

Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a

b ☒ Spouse

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> Qualifying child for child tax credit (see instrs)	No. of boxes checked on 6a and 6b
				<input type="checkbox"/>	2
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

d Total number of exemptions claimed 2

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	12,744.
8a Taxable interest. Attach Schedule B if required	8a	3,116.
b Tax-exempt interest. Do not include on line 8a	8b	
9a Ordinary dividends. Attach Schedule B if required	9a	
b Qualified divs (see instrs)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	14,585.
13a Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13a	
b If box on 13a is checked, enter post-May-98 capital gain distributions	13b	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see instrs)	15b	8,926.
16a Pensions and annuities	16a	
b Taxable amount (see instrs)	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	25,672.
b Taxable amount (see instrs)	20b	12,100.
21 Other income	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	51,471.

Adjusted
Gross
Income

23 Educator expenses (see instructions)	23	
24 IRA deduction (see instructions)	24	
25 Student loan interest deduction (see instructions)	25	
26 Tuition and fees deduction (see instructions)	26	
27 Moving expenses. Attach Form 3903	27	
28 One-half of self-employment tax. Attach Schedule SE	28	1,031.
29 Self-employed health insurance deduction (see instrs)	29	
30 Self-employed SEP, SIMPLE, and qualified plans	30	
31 Penalty on early withdrawal of savings	31	
32a Alimony paid b Recipient's SSN	32a	
33 Add lines 23 through 32a	33	1,031.
34 Subtract line 33 from line 22. This is your adjusted gross income	34	50,440.

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see Instructions.

FDIA0112 01/16/04

Form 1040 (2003)

Tax and Credits**Standard Deduction for -**

• People who checked any box on line 36a or 36b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$4,750

Married filing jointly or Qualifying widow(er), \$9,500

Head of household, \$7,000

35	Amount from line 34 (adjusted gross income)	35	50,440.
36a	Check <input checked="" type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind. Total boxes checked 2 if: <input checked="" type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind. 36a		
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here 36b		
37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	37	11,400.
38	Subtract line 37 from line 35	38	39,040.
39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet in the instructions	39	6,100.
40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-	40	32,940.
41	Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	4,239.
42	Alternative minimum tax (see instructions). Attach Form 6251	42	
43	Add lines 41 and 42	43	4,239.
44	Foreign tax credit. Attach Form 1116 if required	44	
45	Credit for child and dependent care expenses. Attach Form 2441	45	
46	Credit for the elderly or the disabled. Attach Schedule R	46	
47	Education credits. Attach Form 8863	47	
48	Retirement savings contributions credit. Attach Form 8880	48	
49	Child tax credit (see instructions)	49	
50	Adoption credit. Attach Form 8839	50	
51	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	51	
52	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	52	
53	Add lines 44 through 52. These are your total credits	53	
54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-	54	4,239.
55	Self-employment tax. Attach Schedule SE	55	2,061.
56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56	
57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	57	
58	Advance earned income credit payments from Form(s) W-2	58	
59	Household employment taxes. Attach Schedule H	59	
60	Add lines 54-59. This is your total tax	60	6,300.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	1,094.
62	2003 estimated tax payments and amount applied from 2002 return	62	3,000.
63	Earned income credit (EIC)	63	
64	Excess social security and tier 1 RRTA tax withheld (see instructions)	64	
65	Additional child tax credit. Attach Form 8812	65	
66	Amount paid with request for extension to file (see instructions)	66	
67	Other pmts from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	67	
68	Add lines 61 through 67. These are your total payments	68	4,094.

Refund

Direct deposit? See instructions and fill in 70b, 70c, and 70d.

69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69	
70a	Amount of line 69 you want refunded to you	70a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
71	Amount of line 69 you want applied to your 2004 estimated tax	71	

Amount You Owe

72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see instructions	72	2,214.
73	Estimated tax penalty (see instructions)	73	8.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

Designee's name	Phone no.	Personal identification number (PIN)
-----------------	-----------	--------------------------------------

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<i>Richard H. Smith</i>	4/1/04	RETIRED	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
<i>Ruth B. Smith</i>	4/1/04	REALTOR	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
JUDY TYGARD	03/17/2004	<input type="checkbox"/>	413-76-9848
Firm's name (or yours if self-employed)	EIN		
Accurate Income Tax Service, Inc	62-1293274		
2606-C Eugenia Avenue	Phone no.		(615) 256-7146
Nashville TN 37211			

Schedule A & B (Form 1040) 2003.

OMB No. 1545-0074

Page 2

Name(s) shown on Form 1040.

Your social security number

RICHARD H & RUTH SMITH

412-24-6663

Schedule B – Interest and Ordinary Dividends

08

Part I
Interest(See instructions
for Form 1040,
line 8a.)Note. If you
received a Form
1099-INT, Form
1099-OD, or
substitute statement
from a brokerage
firm, list the firm's
name as the payer
and enter the total
interest shown on
that form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address

UNION PLANTERS BANK

UNION PLANTERS BANK

ALLMERICA FINANCIAL

Amount

1,155.

1,932.

29.

- 2 Add the amounts on line 1

3,116.

- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a

3,116.

Note. If line 4 is over \$1,500, you must complete Part III.

Part II
Ordinary
Dividends(See
instructions for
Form 1040,
line 9a.)Note. If you
received a Form
1099-DIV or
substitute statement
from a brokerage
firm, list the firm's
name as the payer
and enter the
ordinary dividends
shown on that form.

- 5 List name of payer

- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a

Note. If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign
Accounts
and
Trusts(See
instructions.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

- 7a At any time during 2003, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1

☒ ☐

- b If 'Yes,' enter the name of the foreign country

- 8 During 2003, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions

☐ ☒

BAA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

FDIA001 10/16/03

Schedule B (Form 1040) 2003

SCHEDULE C
(Form 1040)**Profit or Loss From Business**
(Sole Proprietorship)

OMB No. 1545-0074

2003

09

Department of the Treasury
Internal Revenue Service (99)

Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.
 Attach to Form 1040 or 1041. See instructions for Schedule C (Form 1040).

Name of proprietor RUTH SMITH		Social security number (SSN) 245-22-3019
A Principal business or profession, including product or service (see instructions) REAL ESTATE AND MISC SERVICES		B Enter code from instructions 531210
C Business name, if no separate business name, leave blank.		D Employer ID number (EIN), if any
E Business address (including suite or room no.), city, town or post office, state, and ZIP code 1443 JANIE AVENUE NASHVILLE, TN 37216-2820		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you 'materially participate' in the operation of this business during 2003? If 'No,' see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2003, check here <input type="checkbox"/>		

Part I Income

1 Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here <input type="checkbox"/>	1	19,455.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	19,455.
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	19,455.
6 Other income, including Federal and state gasoline or fuel tax credit or refund	6	
7 Gross income. Add lines 5 and 6	7	19,455.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8 Advertising	8	709.	19 Pension and profit-sharing plans	19	
9 Car and truck expenses (see instructions)	9	1,163.	20 Rent or lease (see instructions):		
10 Commissions and fees	10		a Vehicles, machinery, and equipment	20a	
11 Contract labor (see instructions)	11		b Other business property	20b	
12 Depletion	12		21 Repairs and maintenance	21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22 Supplies (not included in Part III)	22	
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	
15 Insurance (other than health)	15		24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc)	16a		b Meals and entertainment		
b Other	16b		c Enter nondeductible amount included on line 24b (see instrs)		
17 Legal & professional services	17		d Subtract line 24c from line 24b	24d	
18 Office expense	18	683.	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28		26 Wages (less employment credits)	26	
			27 Other expenses (from line 48 on page 2)	27	2,315.
				28	4,870.

29 Tentative profit (loss). Subtract line 28 from line 7	29	14,585.
30 Expenses for business use of your home. Attach Form 8829	30	
31 Net profit or (loss). Subtract line 30 from line 29.	31	14,585.

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

FD-20112 10/14/03

Schedule C (Form 1040) 2003

Schedule C (Form 1040) 2003 RUTH. SMITH

245-22-3019

Page 2

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) 01/01/1998

44 Of the total number of miles you drove your vehicle during 2003, enter the number of miles you used your vehicle for:
a Business 3,230 b Commuting _____ c Other 2,408

45 Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No

46 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

47 a Do you have evidence to support your deduction? ☒ Yes ☐ No
b If "Yes," is the evidence written? ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

POSTAGE	181.
CAR PHONE	1,004.
BUSINESS GIFTS	250.
PROFESSIONAL DUES	880.
48 Total other expenses. Enter here and on page 1, line 27	48 2,315.

Schedule C (Form 1040) 2003

SCHEDULE SE
(Form 1040)**Self-Employment Tax**

OMB No. 1545-0074

2003

17

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040. ▶ See instructions for Schedule SE (Form 1040).

Name of person with self-employment income (as shown on Form 1040)

RUTH SMITH

Social security number of person
with self-employment income ▶

245-22-3019

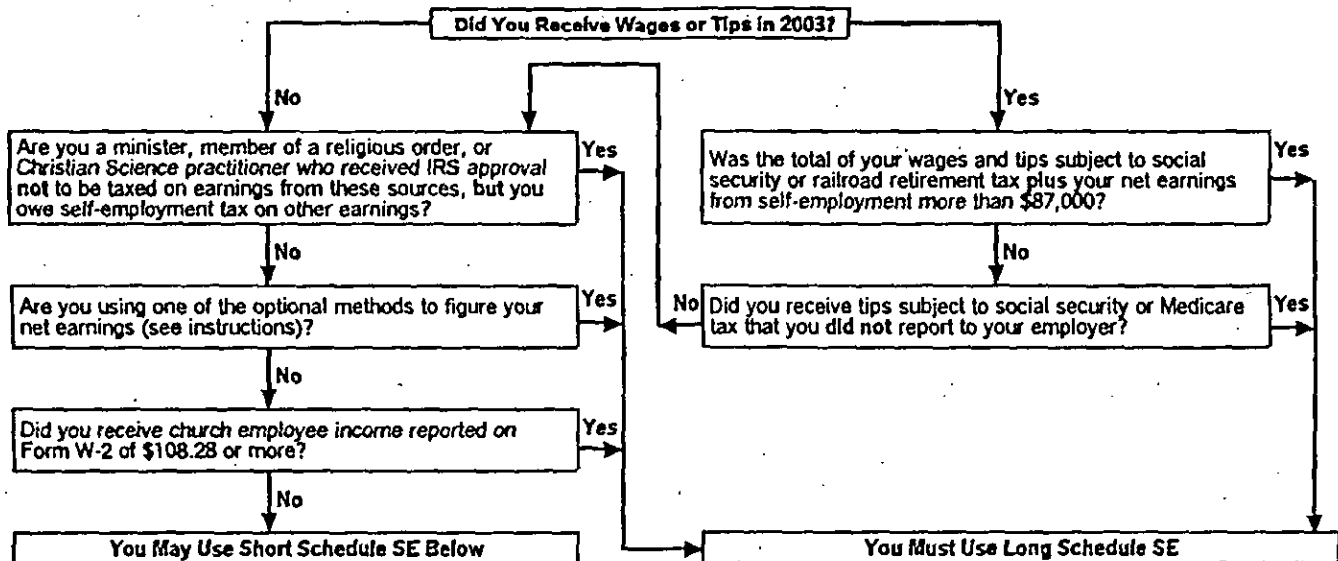
Who Must File Schedule SE

You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see instructions).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE (see instructions).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 55.

May I Use Short Schedule SE or Must I Use Long Schedule SE?**Section A – Short Schedule SE.** Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 35, and farm partnerships, Schedule K-1 (Form 1065), line 15a	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report	2	14,585.
3	Combine lines 1 and 2	3	14,585.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax	4	13,469.
5	Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none"> • \$87,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 55. • More than \$87,000, multiply line 4 by 2.9% (.029). Then, add \$10,788.00 to the result. Enter the total here and on Form 1040, line 55. 	5	2,061.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 28	6	1,031.

BAA: For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule SE (Form 1040) 2003

FDIA1101 10/07/03

☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code UNION PLANTERS BANK, N.A. 401 UNION STREET NASHVILLE TN 37219 800-813-8129		1. Gross distribution \$ 4,472.62 2a Taxable amount \$ 4,472.62 2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		OMB No. 1545-0119 2003 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S Federal identification number 62-0859006	RECIPIENT'S identification number 245-22-3019	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 447.26	Copy B Report this income on your Federal tax return. If this Federal Income form shows tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.		
RECIPIENT'S name, street address (including apt. no), city, state, and Zip code Ruth B Smith 1443 Janie Ave Nashville TN 37218-2820		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$			
Account number (optional) 00040600008449900085		7 Distribution code 7	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %	9a Your percentage of total distribution % 9b Total employee contributions \$	
		10 State tax withheld \$	11 State/Payer's state no.	12 State distribution \$		
		13 Local tax withheld \$	14 Name of locality	15 Local distribution \$		

Form 1099-R Department of the Treasury - Internal Revenue Service 39-1908647

☐ CORRECTED

PAYER'S name, street address, city, state, and ZIP code UNION PLANTERS BANK, N.A. 401 UNION STREET NASHVILLE TN 37219 800-813-8129		1. Gross distribution \$ 4,453.24 2a Taxable amount \$ 4,453.24 2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		OMB No. 1545-0119 2003 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S Federal identification number 62-0859006	RECIPIENT'S identification number 412-24-6663	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 445.32	Copy B Report this income on your Federal tax return. If this Federal Income form shows tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.		
RECIPIENT'S name, street address (including apt. no), city, state, and Zip code Richard H Smith 1443 Janie Ave Nashville TN 37218-2820		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$			
Account number (optional) 00040600008449900083		7 Distribution code 7	IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other \$ %	9a Your percentage of total distribution % 9b Total employee contributions \$	
		10 State tax withheld \$	11 State/Payer's state no.	12 State distribution \$		
		13 Local tax withheld \$	14 Name of locality	15 Local distribution \$		

Form 1099-R Department of the Treasury - Internal Revenue Service 39-1908647

OMB No. 1545-0008		Safe, accurate, FAST! Use e-file		Visit the IRS Web Site at www.irs.gov	
a. Employer identification number 62-0804889		1. Wages, tips, other compensation 12744.00		2. Federal income tax withheld 201.58	
b. Employer's name, address, and ZIP code Nashville Office Machines 1500 Church St. Nashville, TN 37203		3. Social security wages 12744.00		4. Social security tax withheld 790.02	
		5. Medicare wages and tips 12744.00		6. Medicare tax withheld 184.68	
		7. Social security tips		8. Allocated tips	
c. Employer's social security number 412-24-5663		9. Advance EIC payment		10. Dependent care benefits	
d. Employer's name and address (if different from b.) Richard H. Smith 1443 Janis Ave Nashville, TN 37216		11. Nonqualified plans		12a. See instructions for box 12	
		13. Statutory employee <input type="checkbox"/> Retiree <input type="checkbox"/> Third-party <input type="checkbox"/>		12b. <input type="checkbox"/>	
		14. Other <input type="checkbox"/>		12c. <input type="checkbox"/>	
e. Employee's address and ZIP code					
15. State	Employer's state ID number	16. State wages, tips, etc.	17. State income tax	18. Local wages, tips, etc.	19. Local income tax
TN	620804889	0.00	0.00		
				20. Locality name	

Form **W-2** Wage and Tax Statement**2003**

Department of the Treasury—Internal Revenue Service

Copy B To Be Filed with Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

photocopy P. Gann

1822105862801-5

Form 1040 U.S. Individual Income Tax Return 2004 (99) IRS Use Only -- Do not write or staple in this space.

DECEASED RICHARD H SMITH 05/13/2004
Department of the Treasury Internal Revenue Service

Label (See instructions.)
Use the IRS label. Otherwise, please print or type.
Presidential Election Campaign (See instructions.)

For the year Jan 1 - Dec 31, 2004, or other tax year beginning , 2004, ending , 20

OMB No. 1545-0074

Your first name MI Last name
RICHARD H SMITH

Your social security number
412-24-6663

If a joint return, spouse's first name MI Last name
RUTH SMITH

Spouse's social security number
245-22-3019

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.
301 AUTUMN CHASE DRIVE

City, town or post office. If you have a foreign address, see instructions. State ZIP code
NASHVILLE TN 37214

Important!
You must enter your social security number(s) above.

Note: Checking 'Yes' will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ☐ Yes ☒ No ☐ Yes ☒ No

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income).

3 ☐ Married filing separately. Enter spouse's SSN above & full name here .

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here .

5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.

b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instrs)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

No. of children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see instrs)
Dependents on 6c not entered above
Add numbers on lines above **2**

d Total number of exemptions claimed **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** **4,484.**

8a Taxable interest. Attach Schedule B if required. **8a** **1,550.**

b Tax-exempt interest. Do not include on line 8a. **8b**

9a Ordinary dividends. Attach Schedule B if required. **9a**

b Qualified dividends (see instrs) **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) **10**

11 Alimony received **11**

12 Business income or (loss). Attach Schedule C or C-EZ **12** **11,742.**

13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. ☒ **13** **220.**

14 Other gains or (losses). Attach Form 4797 **14**

15a IRA distributions **15a** **15b** **9,393.**

16a Pensions and annuities **16a** **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. **17**

18 Farm income or (loss). Attach Schedule F. **18**

19 Unemployment compensation **19**

20a Social security benefits **20a** **21,289.** **20b** **1,893.**

21 Other income **21**

22 Add the amounts in the far right column for lines 7 through 21. This is your total income. **22** **29,282.**

Adjusted Gross Income

23 Educator expenses (see instructions). **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 IRA deduction (see instructions) **25**

26 Student loan interest deduction (see instructions) **26**

27 Tuition and fees deduction (see instructions). **27**

28 Health savings account deduction. Attach Form 8889 **28**

29 Moving expenses. Attach Form 3903 **29**

30 One-half of self-employment tax. Attach Schedule SE **30** **830.**

31 Self-employed health insurance deduction (see instrs). **31** **1,419.**

32 Self-employed SEP, SIMPLE, and qualified plans **32**

33 Penalty on early withdrawal of savings **33**

34a Alimony paid b Recipient's SSN **34a**

35 Add lines 23 through 34a **35** **2,249.**

36 Subtract line 35 from line 22. This is your adjusted gross income. **36** **27,033.**

Adjusted Gross Income

Form 1040 (2004) RICHARD H & RUTH SMITH		412-24-6663	Page 2
Tax and Credits	37 Amount from line 36 (adjusted gross income)	37	27,033.
Standard Deduction for — • People who checked any box on line 38a or 38b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$4,850 Married filing jointly or Qualifying widow(er), \$9,700 Head of household, \$7,150	38a Check if: <input checked="" type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes checked ▶ 38a 2		
	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here. ▶ 38b <input type="checkbox"/>		
	39 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	14,667.
	40 Subtract line 39 from line 37	40	12,366.
	41 If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet in the instructions	41	6,200.
	42 Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	6,166.
	43 Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	604.
	44 Alternative minimum tax (see instructions). Attach Form 6251	44	
	45 Add lines 43 and 44	45	604.
	46 Foreign tax credit. Attach Form 1116 if required	46	
47 Credit for child and dependent care expenses. Attach Form 2441	47		
48 Credit for the elderly or the disabled. Attach Schedule R	48		
49 Education credits. Attach Form 8863	49		
50 Retirement savings contributions credit. Attach Form 8880	50		
51 Child tax credit (see instructions)	51		
52 Adoption credit. Attach Form 8839	52		
53 Credits from a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53		
54 Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54		
55 Add lines 46 through 54. These are your total credits	55		
56 Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	604.	
Other Taxes	57 Self-employment tax. Attach Schedule SE	57	1,659.
	58 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60 Advance earned income credit payments from Form(s) W-2	60	
	61 Household employment taxes. Attach Schedule H	61	
62 Add lines 56-61. This is your total tax	62	2,263.	
Payments If you have a qualifying child, attach Schedule EIC.	63 Federal income tax withheld from Forms W-2 and 1099	63	982.
	64 2004 estimated tax payments and amount applied from 2003 return	64	3,000.
	65a Earned income credit (EIC)	65a	
	b Nontaxable combat pay election	65b	
	66 Excess social security and tier 1 RRTA tax withheld (see instructions)	66	
	67 Additional child tax credit. Attach Form 8812	67	
	68 Amount paid with request for extension to file (see instructions)	68	
69 Other prnts from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8825	69		
70 Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	3,982.	
Refund Direct deposit? See instructions and fill in 72b, 72c, and 72d.	71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	1,719.
	72a Amount of line 71 you want refunded to you	72a	1,700.
	b Routing number: XXXXXXXXXX ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number: XXXXXXXXXXXXXXXXXXXX			
73 Amount of line 71 you want applied to your 2005 estimated tax	73		
Amount You Owe	74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see instructions	74	
	75 Estimated tax penalty (see instructions)	75	19.
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No		
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Joint return? See instructions.	Your signature	Date	Your occupation
Keep a copy for your records.	▶ Filing as surviving spouse	2/16/05	REALTOR
	Spouse's signature. If a joint return, both must sign.		Spouse's occupation
	▶ Judy Tygard		
Paid Preparer's Use Only	Preparer's signature	Date	Preparer's SSN or PTIN
	▶ Judy Tygard	02/16/2005	413-76-9848
	Firm's name (or yours if self-employed) address, and ZIP code	Check if self-employed <input type="checkbox"/>	EIN
	▶ Accurate Income Tax Service, Inc 2606-C Bugenia Avenue Nashville, TN 37211		62-1293274
		Phone no.	(615) 256-7146

SCHEDULE A
(Form 1040)**Itemized Deductions**

OMB No. 1545-0074

2004

07

Department of the Treasury
Internal Revenue Service (99)▶ Attach to Form 1040.
▶ See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

RICHARD H & RUTH SMITH**412-24-6663**

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1		1,923.	
2	Enter amount from Form 1040, line 37	2	27,033.		
3	Multiply line 2 by 7.5% (.075)	3		2,027.	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0.
Taxes You Paid		5 State and local (check only one box):			
		a <input type="checkbox"/> Income taxes, or		5	1,480.
		b <input checked="" type="checkbox"/> General sales taxes (see instructions)			
6	Real estate taxes (see instructions)	6		2,423.	
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶				
9	Add lines 5 through 8	9			3,903.
Interest You Paid		10 Home mtg interest and points reported to you on Form 1098		10	
		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶			
Note. Personal interest is not deductible.		12 Points not reported to you on Form 1098. See instrs for spd rules		12	
		13 Investment interest. Attach Form 4952 if required. (See instrs.)		13	
		14 Add lines 10 through 13		14	
Gifts to Charity		15 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		15	4,587.
If you made a gift and got a benefit for it, see instructions.		16 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		16	6,177.
		17 Carryover from prior year		17	
		18 Add lines 15 through 17		18	10,764.
Casualty and Theft Losses		19 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		19	
Job Expenses and Most Other Miscellaneous Deductions		20 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶			
				20	
		21 Tax preparation fees		21	
		22 Other expenses — investment, safe deposit box, etc. List type and amount ▶			
				22	
		23 Add lines 20 through 22		23	
		24 Enter amount from Form 1040, line 37		24	
		25 Multiply line 24 by 2% (.02)		25	
		26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-		26	
Other Miscellaneous Deductions		27 Other — from list in the instructions. List type and amount ▶			
				27	
Total Itemized Deductions		28 Is Form 1040, line 37, over \$142,700 (over \$71,350 if MFS)?			
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 39.		28	14,667.
		<input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.			

Schedule A & B (Form 1040) 2004

OMB No. 1545-0074

Page 2

Name(s) shown on Form 1040.

Your social security number

RICHARD H & RUTH SMITH

412-24-6663

Schedule B – Interest and Ordinary Dividends

08

Part I
Interest(See instructions
for Form 1040,
line 8a.)Note. If you
received a Form
1099-INT, Form
1099-OID, or
substitute statement
from a brokerage
firm, list the firm's
name as the payer
and enter the total
interest shown on
that form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address.

UNION PLANTERS BANK

UNION PLANTERS BANK

ALLMERICA FINANCIAL

Amount

560.

970.

20.

1

- 2 Add the amounts on line 1.

2

1,550.

- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.

3

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a.

4

1,550.

Note. If line 4 is over \$1,500, you must complete Part III.

Amount

Part II
Ordinary
Dividends(See
instructions for
Form 1040,
line 9a.)Note. If you
received a Form
1099-DIV or
substitute statement
from a brokerage
firm, list the firm's
name as the payer
and enter the
ordinary dividends
shown on that form.

- 5 List name of payer.

5

- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a.

6

Note. If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign
Accounts
and
Trusts(See
instructions.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes

No

- 7a At any time during 2004, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1.

☐☐

- b If 'Yes,' enter the name of the foreign country.

☐☐

- 8 During 2004, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions.

☐☒

SCHEDULE C
(Form 1040)**Profit or Loss From Business**
(Sole Proprietorship)

OMB No. 1545-0074

2004
09Department of the Treasury
Internal Revenue ServicePartnerships, joint ventures, etc., must file Form 1065 or 1065-B.
Attach to Form 1040 or 1041. See instructions for Schedule C (Form 1040).

Name of proprietor

RUTH SMITH

Social security number (SSN)

245-22-3019

A Principal business or profession, including product or service (see instructions)

REAL ESTATE AND MISC SERVICES

B Enter code from instructions

531210

C Business name, if no separate business name, leave blank.

D Employer ID number (EIN), if any

E Business address (including suite or room no.) 301 AUTUMN CHASE DRIVE
City, town or post office, state, and ZIP code NASHVILLE, TN 37214F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____G Did you 'materially participate' in the operation of this business during 2004? If 'No,' see instructions for limit on losses. ☒ Yes ☐ NoH If you started or acquired this business during 2004, check here ☐**Part III Income**

1	Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here. <input type="checkbox"/>	1	17,070.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	17,070.
4	Cost of goods sold (from line 42 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3.	5	17,070.
6	Other income, including Federal and state gasoline or fuel tax credit or refund	6	
7	Gross income. Add lines 5 and 6.	7	17,070.

Part IV Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		19	Pension and profit-sharing plans	19	
9	Car and truck expenses (see instructions)	9	1,315.	20	Rent or lease (see instructions):	20	
10	Commissions and fees	10		a	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	11		b	Other business property	20b	
12	Depletion	12		21	Repairs and maintenance	21	141.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	Supplies (not included in Part III)	22	109.
14	Employee benefit programs (other than on line 19)	14		23	Taxes and licenses	23	928.
15	Insurance (other than health)	15	285.	24	Travel, meals, and entertainment:	24	
16	Interest:	16		a	Travel	24a	
a	Mortgage (paid to banks, etc)	16a		b	Meals and entertainment		
b	Other	16b		c	Enter nondeductible amount included on line 24b (see instrs)		
17	Legal & professional services	17	60.	d	Subtract line 24c from line 24b	24d	
18	Office expense	18	429.	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	5,328.	26	Wages (less employment credits)	26	
29	Tentative profit (loss). Subtract line 28 from line 7	29	11,742.	27	Other expenses (from line 48 on page 2)	27	2,061.
30	Expenses for business use of your home. Attach Form 8829	30		31		31	11,742.
31	Net profit or (loss). Subtract line 30 from line 29.						

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198.

32a ☐ All investment is at risk.32b ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

FD-201112 05/06/04

Schedule C (Form 1040) 2004

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.....	35
36	Purchases less cost of items withdrawn for personal use.....	36
37	Cost of labor. Do not include any amounts paid to yourself.....	37
38	Materials and supplies.....	38
39	Other costs.....	39
40	Add lines 35 through 39.....	40
41	Inventory at end of year.....	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4.....	42

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶ 01/01/1998
44	Of the total number of miles you drove your vehicle during 2004, enter the number of miles you used your vehicle for: a Business 3,506 b Commuting c Other 1,335
45	Do you (or your spouse) have another vehicle available for personal use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Was your vehicle available for personal use during off-duty hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

POSTAGE	58.
CAR PHONE	2,003.
48	Total other expenses. Enter here and on page 1, line 27..... 2,061.

SCHEDULE SE
(Form 1040)**Self-Employment Tax**

OMB No. 1545-0074

2004

17

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040. ▶ See instructions for Schedule SE (Form 1040).

Name of person with self-employment income (as shown on Form 1040)

RUTH SMITH

Social security number of person
with self-employment income ▶

245-22-3019

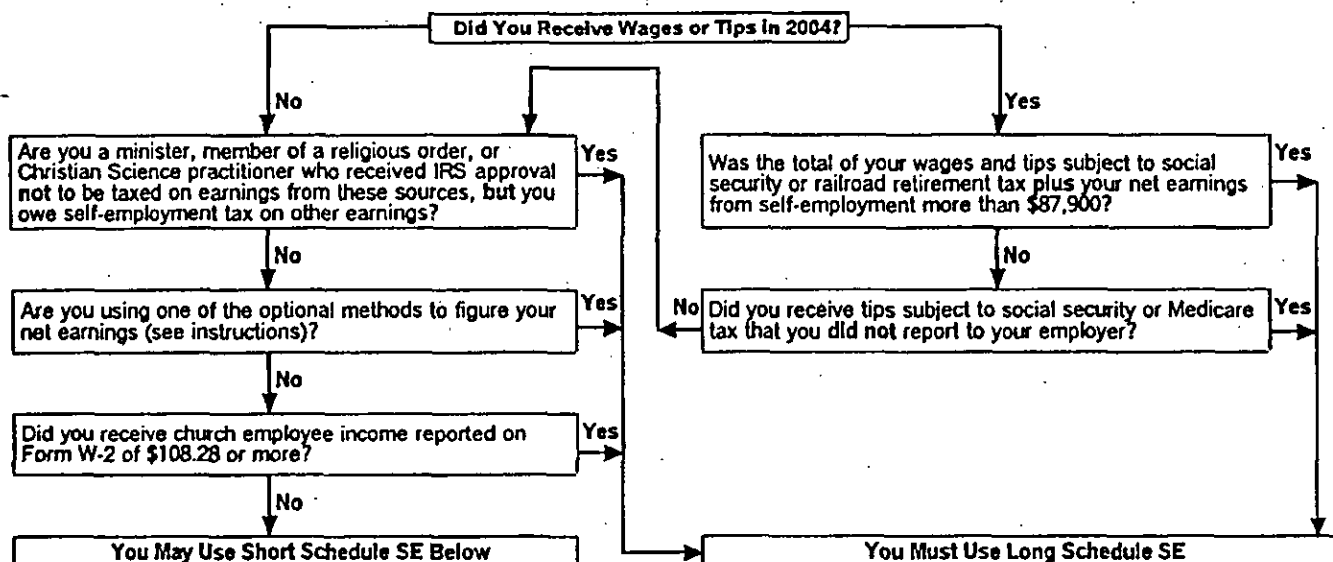
Who Must File Schedule SE

You must file Schedule SE if:

- You had net earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see instructions).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE (see instructions).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 57.

May I Use Short Schedule SE or Must I Use Long Schedule SE?**Section A – Short Schedule SE.** Caution. Read above to see if you can use Short Schedule SE.

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A.....	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report.....	2	11,742.
3	Combine lines 1 and 2.....	3	11,742.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax.....	4	10,844.
5	Self-employment tax. If the amount on line 4 is: • \$87,900 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57. • More than \$87,900, multiply line 4 by 2.9% (.029). Then, add \$10,899.60 to the result. Enter the total here and on Form 1040, line 57.	5	1,659.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 30.....	6	830.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2004

Form **8283**

(Rev. October 1998)

Department of the Treasury
Internal Revenue Service**Noncash Charitable Contributions**

- ▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.
▶ See separate instructions.

OMB No. 1545-0008

55

Name(s) shown on your income tax return

RICHARD H & RUTH SMITH

Identifying number

412-24-6663**Note:** Figure the amount of your contribution deduction before completing this form. See your tax return instructions.**Section A** — List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is over \$5,000 (see instructions).**Part I Information on Donated Property** — If you need more space, attach a statement.

	(a) Name and address of the donee organization	(b) Description of donated property
1		
A	LEBANON ROAD CHURCH OF CHRIST NASHVILLE TN	CLOTHES, SHIRTS, JEANS, JACKETS, TIES BLOUSES, BEDWARE, DRESSES, COATS, SUITS
B	AMVETS NASHVILLE	15 FORMALS COATS
C	JACKSON PARK CHURCH OF CHRIST NASHVILLE	CLOTHING
D		
E		

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (mo, yr)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value	(h) Method used to determine the fair market value
A	Various	Various	PURCHASE, GIFT	20,000.	5,927.	GARAGE SALE PRICES
B	Various	Various	PURCHASE, GIFT	2,000.	200.	GARAGE SALE PRICES
C	Various	Various	PURCHASE, GIFT	1,000.	50.	GARAGE SALE PRICES
D						
E						

Part II Other Information — Complete line 2 if you gave less than an entire interest in property listed in Part I. Complete line 3 if conditions were attached to a contribution listed in Part I.**2** If, during the year, you contributed less than the entire interest in the property, complete lines a - e.**a** Enter the letter from Part I that identifies the property ▶ _____. If Part II applies to more than one property, attach a separate statement.**b** Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶ _____
(2) For any prior tax years ▶ _____**c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town

State ZIP code

d For tangible property, enter the place where the property is located or kept ▶ _____**e** Name of any person, other than donee organization, having actual possession of the property ▶ _____**3** If conditions were attached to any contribution listed in Part I, answer questions a - c and attach the required statement (see instructions):**a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?.....**b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?.....**c** Is there a restriction limiting the donated property for a particular use?.....

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

BAA For Paperwork Reduction Act Notice, see separate instructions.

F0121812 07/24/02

Form 8283 (Rev 10-98)

Supporting Statement of:

Schedule C (REAL ESTATE AND MISC SERVICES)/Line 18

Description	Amount
	300.00
	129.00
Total	429.00

Supporting Statement of:

Schedule C (REAL ESTATE AND MISC SERVICES)/Line 22

Description	Amount
KEY PAD LEASE	109.00
Total	109.00

Supporting Statement of:

Schedule C (REAL ESTATE AND MISC SERVICES)/Line 23

Description	Amount
MONTHLY DUES & PUBS	448.00
TN LICENSE RENEWAL	80.00
REAL ESTATE DUES	400.00
Total	928.00

photocopy E. Gann

Form **1310**

(Rev. November 2002)

Department of the Treasury
Internal Revenue Service**Statement of Person Claiming
Refund Due a Deceased Taxpayer**

OMB No. 1545-0073

▶ See instructions.

87

Tax year decedent was due a refund:

Calendar year **2004**, or other tax year beginning , and ending

Please type or print	Name of decedent	Date of death	Decedent's social security number
	RICHARD H SMITH	05/13/2004	412-24-6663
	Name of person claiming refund	Your social security number	
	RUTH SMITH	245-22-3019	
	Home address (number and street). If you have a P.O. box, see instructions	Apartment number	
	301 AUTUMN CHASE DRIVE		
	City, town or post office. If you have a foreign address, see instructions	State	ZIP code
	NASHVILLE	TN	37214

Part I Check the box that applies to you. Check only one box. Be sure to complete Part III below.

- A ☒ Surviving spouse requesting reissuance of a refund check (see instructions).
- B ☐ Court-appointed or certified personal representative. Attach a court certificate showing your appointment, unless previously filed (see instructions).
- C ☐ Person, other than A or B, claiming refund for the decedent's estate (see instructions). Also, complete Part II.

Part II Complete this part only if you checked the box on line C above.

	Yes	No
1 Did the decedent leave a will?		
2a Has a court appointed a personal representative for the estate of the decedent?		
b If you answered 'No' to 2a, will one be appointed?		
If you answered 'Yes' to 2a or 2b, the personal representative must file for the refund.		
3 As the person claiming the refund for the decedent's estate, will you pay out the refund according to the laws of the state where the decedent was a legal resident?		
If you answered 'No' to 3, a refund cannot be made until you submit a court certificate showing your appointment as personal representative or other evidence that you are entitled under state law to receive the refund.		

Part III Signature and verification. All filers must complete this part.

I request a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of person claiming refund ▶ *Ruth B. Smith*Date ▶ *2-16-05*

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 1310 (Rev 11-2002)

CORRECTED

PAYER'S name, street address, city, state, and ZIP code UNION PLANTERS BANK, N.A. 401 UNION STREET NASHVILLE TN 37219 800-613-8129		1. Gross distribution \$ 4,673.55		OMB No. 1545-0119 2004 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S Federal identification number 62-0859006		2a Taxable amount \$ 4,673.55		2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>		
RECIPIENT'S identification number 245-22-3019		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 467.36		Copy B Report this income on your Federal tax return. If this Federal income form shows tax withheld in box 4, attach this copy to your return.
RECIPIENT'S name, street address (including apt. no), city, state, and Zip code Ruth B Smith 301 Autumn Chase Dr Nashville TN 37214-1668		5 Employee contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
Account number (optional) 00040600000245223019		7 Distribution code 4 IRASEP/SIMPLE <input checked="" type="checkbox"/>		8 Other \$ %		This information is being furnished to the Internal Revenue Service.
		9a Your percentage of total distribution %		9b Total employee contributions \$		
		10 State tax withheld \$		11 State/Payer's state no.		12 State distribution \$
		13 Local tax withheld \$		14 Name of locality		15 Local distribution \$

Form 1099-R

Department of the Treasury - Internal Revenue Service 39-1008647


CORRECTED

PAYER'S name, street address, city, state, and ZIP code UNION PLANTERS BANK, N.A. 401 UNION STREET NASHVILLE TN 37219 800-613-8129		1. Gross distribution \$ 4,718.60		OMB No. 1545-0119 2004 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S Federal identification number 62-0859006		2a Taxable amount \$ 4,718.60		2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>		
RECIPIENT'S identification number 245-22-3019		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 471.86		Copy B Report this income on your Federal tax return. If this Federal income form shows tax withheld in box 4, attach this copy to your return.
RECIPIENT'S name, street address (including apt. no), city, state, and Zip code Ruth B Smith 301 Autumn Chase Dr Nashville TN 37214-1668		5 Employee contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
Account number (optional) 00040600008449900085		7 Distribution code 7 IRASEP/SIMPLE <input checked="" type="checkbox"/>		8 Other \$ %		This information is being furnished to the Internal Revenue Service.
		9a Your percentage of total distribution %		9b Total employee contributions \$		
		10 State tax withheld \$		11 State/Payer's state no.		12 State distribution \$
		13 Local tax withheld \$		14 Name of locality		15 Local distribution \$

Form 1099-R

Department of the Treasury - Internal Revenue Service 39-1008647

photocopy of Form

a. Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use  Visit the IRS website at www.irs.gov .	
b. Employer identification number 62-0804889				1. Wages, tips, other compensation 4484.00	2. Federal income tax withheld 42.75
c. Employer's name, address, and ZIP code Nashville Office Machines 1500 Church St. Nashville, TN 37203				3. Social security wages 4484.00	4. Social security tax withheld 277.97
				5. Medicare wages and tips 4484.00	6. Medicare tax withheld 64.98
				7. Social security tips 0.00	8. Allocated tips
				9. Advance EIC payment	10. Dependent care benefits
d. Employee's social security number 412-24-6663					
e. Employee's first name and initial Richard H Last name Smith 1443 Janie Ave Nashville, TN 37216				11. Nonqualified plans	12a. See instructions for box 12
				13. Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b.
				14. Other	12c.
					12d.
f. Employee's address and ZIP code					
15. State TN	Employer's state ID number 620804889	16. State wages, tips, etc. 0.00	17. State income tax 0.00	18. Local wages, tips, etc.	19. Local income tax
				20. Locality name	

Form **W-2** Wage and Tax Statement

2004

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

copy P. Gann



This record contains pages that appear to be duplicates. In the process of trying to retrieve an original or corrected certification/affidavit/deposition upon written questions for records already received by MRC, the custodian of records for this facility sent another set of records.

As a result, the subsequent set of records sent by the custodian was appended to the original set of records. It is standard procedure for MRC to maintain the integrity of all records received.

The certification/affidavit/deposition upon written questions can be located on page _____. This page will only contain a placeholder until MRC receives a complete and correct certification/affidavit/deposition upon written questions.

Act Notice, see Instr
FD A011: 11/16/92
COPY

Form 1040 (1999)		RICHARD H & RUTH SMITH		412-24-6663		Page 2	
Tax and Credits		34 Amount from line 33 (adjusted gross income)		34	27,035.		
35a Check if: <input checked="" type="checkbox"/> You were 65/older, <input type="checkbox"/> Blind; <input checked="" type="checkbox"/> Spouse was 65/older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here		35a		2			
b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here		35b		<input type="checkbox"/>			
36 Enter your itemized deductions from Schedule A, line 28, Or standard deduction shown on the left. But see instructions to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent		36		8,900.			
37 Subtract line 36 from line 34		37		18,135.			
38 If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet in the instructions for the amount to enter		38		5,500.			
39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-		39		12,635.			
40 Tax (see instrs). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972		40		1,860.			
41 Credit for child and dependent care expenses. Attach Form 2441		41					
42 Credit for the elderly or the disabled. Attach Schedule R		42					
43 Child tax credit (see instructions)		43					
44 Education credits. Attach Form 8863		44					
45 Adoption credit. Attach Form 8839		45					
46 Foreign tax credit. Attach Form 1116 if required		46					
47 Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)		47					
48 Add lines 41 through 47. These are your total credits		48					
49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-		49		1,860.			
Other Taxes		50 Self-employment tax. Attach Schedule SE		50			
51 Alternative minimum tax. Attach Form 6251		51					
52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		52					
53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required		53					
54 Advance earned income credit payments from Form(s) W-2		54					
55 Household employment taxes. Attach Schedule H		55					
56 Add lines 49-55. This is your total tax		56		1,860.			
Payments		57 Federal income tax withheld from Forms W-2 and 1099		57	1,536.		
58 1999 estimated tax payments and amount applied from 1998 return		58		1,200.			
59a Earned income credit. Attach Schedule EIC if you have a qualifying child. b Nontaxable earned income: amount		59a					
60 Additional child tax credit. Attach Form 8812		60					
61 Amount paid with request for extension to file (see instructions)		61					
62 Excess social security and RRTA tax withheld (see instrs)		62					
63 Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136		63					
64 Add lines 57, 58, 59a, and 60 through 63. These are your total payments		64		2,736.			
Refund		65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you Overpaid		65	876.		
66a Amount of line 65 you want Refunded to You		66a		876.			
b Routing number		c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings					
d Account number		67					
67 Amount of line 65 you want Applied to Your 2000 Estimated Tax		67					
Amount You Owe		68 If line 56 is more than line 64, subtract line 64 from line 56. This is the Amount You Owe. For details on how to pay, see instructions		68			
69 Estimated tax penalty. Also include on line 68		69					
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Joint return? See instructions. Keep a copy for your records.		Your Signature <i>Richard H. Smith</i>		Date <i>3/8/00</i>	Your Occupation RETIRED		Daytime Telephone Number (optional)
		Spouse's Signature. If a Joint Return, Both Must Sign. <i>Ruth B. Smith</i>		Date	Spouse's Occupation REALTOR		
Paid Preparer's Use Only		Preparer's Signature <i>Judy Sygard</i>		Date <i>03/08/2000</i>	Check if self-employed <input type="checkbox"/>		Preparer's SSN or PTIN 413-76-9848
		Firm's Name (or yours if self-employed and Address) Accurate Income Tax Service, Inc		EIN 62-1293274	TN 37211		
		2606-C Eugenia Avenue					
		Nashville					

COPY

Form 1040 (1999)

Schedule C
(Form 1040)**Profit or Loss from Business**
(Sole Proprietorship)

OMB No. 1545-0074

1999

09

Department of the Treasury
Internal Revenue Service (99)Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

Name of Proprietor

RUTH SMITH

Social Security Number (SSN)

245-22-3019

A Principal Business or Profession, Including Product or Service (see instructions)

<Untitled>

B Enter Code from Instructions

531210

C Business Name. If No Separate Business Name, Leave Blank.

D Employer ID Number (EIN), if Any

E Business Address (include suite or room no.)
City, Town or Post Office, State, & ZIP Code1443 JANIE AVENUE
NASHVILLE, TN 37216-2820F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶G Did you 'materially participate' in the operation of this business during 1999? If 'No,' see instructions for limit on losses ... ☒ Yes ☐ No

H If you started or acquired this business during 1999, check here ▶

Part I Income

1 Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here	1	4,493.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	4,493.
4 Cost of goods sold (from line 42 on page 2)	4	
5 Gross profit. Subtract line 4 from line 3	5	4,493.
6 Other income, including federal and state gasoline or fuel tax credit or refund	6	
7 Gross income. Add lines 5 and 6	7	4,493.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	718.	19 Pension and profit-sharing plans	19	
9 Bad debts from sales or services (see instructions)	9		20 Rent or lease (see instructions):		
10 Car and truck expenses (see instrs)	10	2,034.	a Vehicles, machinery, and equipment	20a	
11 Commissions and fees	11		b Other business property	20b	
12 Depletion	12		21 Repairs and maintenance	21	1,026.
13 Depreciation and Section 179 expense deduction (not included in Part III) (see instructions)	13		22 Supplies (not included in Part III)	22	
14 Employee benefit programs (other than on line 19)	14		23 Taxes and licenses	23	
15 Insurance (other than health)	15	118.	24 Travel, meals, and entertainment:		
16 Interest:			a Travel	24a	
a Mortgage (paid to banks, etc)	16a		b Meals and entertainment		35.
b Other	16b		c Enter nondeductible amount included on line 24b (see instructions)	18.	
17 Legal & professional services	17		d Subtract line 24c from line 24b	24d	17.
18 Office expense	18	1,160.	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28	6,672.	26 Wages (less employment credits)	26	
29 Tentative profit (loss). Subtract line 28 from line 7	29	-2,179.	27 Other expenses (from line 48 on page 2)	27	1,599.
30 Expenses for business use of your home. Attach Form 8829	30				
31 Net profit or (loss). Subtract line 30 from line 29.					
• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.					
• If a loss, you must go on to line 32.					
32 If you have a loss, check the box that describes your investment in this activity (see instructions).					
• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.					
• If you checked 32b, you must attach Form 6198.					
	31	-2,179.			

32a ☒ All investment is at risk.32b ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 1999

COPY

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42

Part IV Information on Your Vehicle. Complete this part **Only** if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

43	When did you place your vehicle in service for business purposes? (month, day, year)	► 01/01/98
44	Of the total number of miles you drove your vehicle during 1999, enter the number of miles you used your vehicle for: a Business <u>6,482</u> b Commuting <u>0</u> c Other <u>3,543</u>	
45	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Was your vehicle available for use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If 'Yes,' is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8 - 26 or line 30.

POSTAGE	79.
CAR PHONE	566.
MISC GIFTS	100.
DUES & PUBLICATIONS	829.
PROFESSIONAL DUES	25.
48 Total other expenses. Enter here and on page 1, line 27	48 1,599.

COPY

Form 4562

Regular Tax Depreciation ReportActivity: Sch C <Untitled> - 1999

Description			In Service	Cost	Land	Bus %	Type	Class	Conv	Depr
Auto	Home	Imp	Disposed	Basis	179	Listed	Meth	Life	Yr	Prior
98 CAMRY			01/01/98			64.66				
X						X				

Total

Form 4562

Alternative Minimum Tax Depreciation ReportActivity: Sch C <Untitled> - 1999

Description			Real	Leased	AMT Cost	AMT Life	AMT Depr	AMT Adj
					AMT Basis	AMT Meth	AMT Prior	AMT Pref
98 CAMRY			<input type="checkbox"/>	<input type="checkbox"/>				

Total

COPY

CERTIFICATION FOR MEDICAL RECORDS

CUSTODIAN OF RECORDS
Sports Medicine Center
Attn:
16120 West Dodge Road
Omaha, Nebraska 68118

Please find enclosed a request for records of:
Smith, Richard H
DOB: 1/4/1925
SSN: 412-24-6663
MRC Request No.: NRTN-P1-000-024-3ZK

Please find the following request for records:

Any and all inpatient and outpatient medical records including, but not limited to, front and back (unless blank) of reports, E.R. records, notes, test results, diagnoses, prognoses, office records, clinic records, surgery records, therapy records, pharmacy records, correspondence, "sticky" notes, phone messages, insurance cards, intake forms, discharge summaries, medical history forms, patient background forms, e-mails, memos, and any of the records mentioned above that are in storage.

SECTION I: CERTIFICATION OF CUSTODIAN OF RECORDS

I, the undersigned, being the authorized custodian of records or other qualified witness, and having the authority to certify the attached records proclaim the following:

The attached _____ page(s) of records: Films: _____ Slides: _____ Blocks: _____ CDs: _____ Videos: _____ (1) were made at or near the time the act, event, condition, opinion or diagnosis by a person with knowledge of the matters reflected in the records; (2) were kept in the course of regularly conducted activity; (3) were created as part of the regular practice of the provider; and (4) are the complete and unabridged copies of records maintained by this facility with regards to the above-named plaintiff.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature _____ Print Name _____

Executed on (date) _____

SECTION II: CERTIFICATION OF NO RECORDS

A thorough search of our files, carried out under my direction revealed no documents, records or other materials called for in the subpoena or authorization.

PLEASE CHECK ALL THAT ARE APPLICABLE TO YOUR SEARCH FOR RECORDS

- ☒ A thorough search of the patient's SS#, Date of Birth and all aka's was done and no such records were found, and to the best of my knowledge these records do not exist in storage.
- ☐ These records have been destroyed. Our retention policy is _____ years.
- ☐ These records are in the possession of _____.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature Jan Kruse Print Name Jan Kruse

Executed on (date) 8-22-07

PLEASE RETURN THIS CERTIFICATION

CERTIFICATION FOR BILLING RECORDS**CUSTODIAN OF RECORDS****Sports Medicine Center****Attn:****16120 West Dodge Road****Omaha, Nebraska 68118**

Please find enclosed a request for records of:

Smith, Richard H**DOB: 1/4/1925****SSN: 412-24-6663****MRC Request No.: NRTN-P1-000-024-2M8**

Please find the following request for records:

Any and all inpatient and outpatient billing records including, but not limited to, any and all statements, itemized bills, insurance records, and any of the records mentioned above in storage.**SECTION I: CERTIFICATION OF CUSTODIAN OF RECORDS**

I, the undersigned, being the authorized custodian of records or other qualified witness, and having the authority to certify the attached records proclaim the following:

The attached _____ page(s) of records: Films: _____ Slides: _____ Blocks: _____ CDs: _____ Videos: _____ (1) were made at or near the time the act, event, condition, opinion or diagnosis by a person with knowledge of the matters reflected in the records; (2) were kept in the course of regularly conducted activity; and (3) were created as part of the regular practice of the provider.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature _____ Print Name _____

Executed on (date) _____

SECTION II: CERTIFICATION OF NO RECORDS

A thorough search of our files, carried out under my direction revealed no documents, records or other materials called for in the subpoena or authorization.

PLEASE CHECK ALL THAT ARE APPLICABLE TO YOUR SEARCH FOR RECORDS

1. ☒ A thorough search of the patient's SS#, Date of Birth and all aka's was done and no such records were found, and to the best of my knowledge these records do not exist in storage.
2. ☐ These records have been destroyed. Our retention policy is _____ years.
3. ☐ These records are in the possession of _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature Maryann Lucero Print Name MARYANN LUCEROExecuted on (date) 9-11-07**PLEASE RETURN THIS CERTIFICATION**



November 13, 2006

Park Elm Plaza
1451 Elm Hill Pike
Suite 300
Nashville, TN 37210
615-366-6060

Medical Research Consultants
Attn: Record Retrieval
6330 West Loop South
Suite 105
Bellaire, TX 77401

Reference: Richard H. Smith
SS: 412-24-6663

To Whom It May Concern:

We can find no record of having had the above referenced as a patient.

Sorry we could not be of assistance to you.

Sincerely,

Barbara Ware

Barbara Ware
Medical Records



November 13, 2006

Park Elm Plaza
1451 Elm Hill Pike
Suite 300
Nashville, TN 37210
615-366-6060

Medical Research Consultants
Attn: Record Retrieval
6330 West Loop South
Suite 105
Bellaire, TX 77401

Reference: Richard H. Smith
SS: 412-24-6663

To Whom It May Concern:

We can find no record of having had the above referenced as a patient.

Sorry we could not be of assistance to you.

Sincerely,

Barbara Ware

Barbara Ware
Medical Records

CERTIFICATION FOR MEDICAL RECORDS

CUSTODIAN OF RECORDS
Elite Sports Med & Orthopedic Center
Attn:
2021 Church Street Suite 200
Nashville, Tennessee 37203

Please find enclosed a request for records of:
Smith, Richard H
DOB: 1/4/1925
SSN: 412-24-6663
MRC Request No.: NRTN-P1-000-024-4RY

Please find the following request for records:

Any and all inpatient and outpatient medical records including, but not limited to, front and back (unless blank) of reports, E.R. records, notes, test results, diagnoses, prognoses, office records, clinic records, surgery records, therapy records, pharmacy records, correspondence, "sticky" notes, phone messages, insurance cards, intake forms, discharge summaries, medical history forms, patient background forms, e-mails, memos, and any of the records mentioned above that are in storage.

SECTION I: CERTIFICATION OF CUSTODIAN OF RECORDS

I, the undersigned, being the authorized custodian of records or other qualified witness, and having the authority to certify the attached records proclaim the following:

The attached ____ page(s) of records: Films: ____ Slides: ____ Blocks: ____ CDs: ____ Videos: ____ (1) were made at or near the time the act, event, condition, opinion or diagnosis by a person with knowledge of the matters reflected in the records; (2) were kept in the course of regularly conducted activity; (3) were created as part of the regular practice of the provider; and (4) are the complete and unabridged copies of records maintained by this facility with regards to the above-named plaintiff.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature _____ Print Name _____

Executed on (date) _____

SECTION II: CERTIFICATION OF NO RECORDS

A thorough search of our files, carried out under my direction revealed no documents, records or other materials called for in the subpoena or authorization.

PLEASE CHECK ALL THAT ARE APPLICABLE TO YOUR SEARCH FOR RECORDS

1. ☒ A thorough search of the patient's SS#, Date of Birth and all aka's was done and no such records were found, and to the best of my knowledge these records do not exist in storage.
2. ☐ These records have been destroyed. Our retention policy is ____ years.
3. ☐ These records are in the possession of _____.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature Travis Haley Print Name Travis Haley

Executed on (date) 8-27-07

PLEASE RETURN THIS CERTIFICATION

CERTIFICATION FOR MEDICAL RECORDS

CUSTODIAN OF RECORDS
Midstate Cardiology
Attn: Judy
222 22nd Avenue North Suite 400
Nashville, Tennessee 37203

Please find enclosed a request for records of:
Smith, Richard H
DOB: 1/4/1925
SSN: 412-24-6663
MRC Request No.: NRTN-P1-000-024-2LS

Please find the following request for records:

Any and all inpatient and outpatient medical records including, but not limited to, front and back (unless blank) of reports, E.R. records, notes, test results, diagnoses, prognoses, office records, clinic records, surgery records, therapy records, pharmacy records, correspondence, "sticky" notes, phone messages, insurance cards, intake forms, discharge summaries, medical history forms, patient background forms, e-mails, memos, and any of the records mentioned above that are in storage.

SECTION I: CERTIFICATION OF CUSTODIAN OF RECORDS

I, the undersigned, being the authorized custodian of records or other qualified witness, and having the authority to certify the attached records proclaim the following:

The attached _____ page(s) of records: Films: _____ Slides: _____ Blocks: _____ CDs: _____ Videos: _____ (1) were made at or near the time the act, event, condition, opinion or diagnosis by a person with knowledge of the matters reflected in the records; (2) were kept in the course of regularly conducted activity; (3) were created as part of the regular practice of the provider; and (4) are the complete and unabridged copies of records maintained by this facility with regards to the above-named plaintiff.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature _____ Print Name _____

Executed on (date) _____

SECTION II: CERTIFICATION OF NO RECORDS

A thorough search of our files, carried out under my direction revealed no documents, records or other materials called for in the subpoena or authorization.

PLEASE CHECK ALL THAT ARE APPLICABLE TO YOUR SEARCH FOR RECORDS

1. ☒ A thorough search of the patient's SS#, Date of Birth and all aka's was done and no such records were found, and to the best of my knowledge these records do not exist in storage.
2. ☐ These records have been destroyed. Our retention policy is _____ years.
3. ☐ These records are in the possession of _____.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature Judy Squitieri Print Name Judy Squitieri

Executed on (date) 8-23-07

PLEASE RETURN THIS CERTIFICATION

CERTIFICATION FOR MEDICAL RECORDS

CUSTODIAN OF RECORDS
Urology Associates
Attn: Medical records
2801 Charlotte Avenue
Nashville, Tennessee 37209

Please find enclosed a request for records of:
Smith, Richard H
DOB: 1/4/1925
SSN: 412-24-6663
MRC Request No.: NRTN-P1-000-024-2MC

Please find the following request for records:

Any and all inpatient and outpatient medical records including, but not limited to, front and back (unless blank) of reports, E.R. records, notes, test results, diagnoses, prognoses, office records, clinic records, surgery records, therapy records, pharmacy records, correspondence, "sticky" notes, phone messages, insurance cards, intake forms, discharge summaries, medical history forms, patient background forms, e-mails, memos, and any of the records mentioned above that are in storage.

SECTION I: CERTIFICATION OF CUSTODIAN OF RECORDS

I, the undersigned, being the authorized custodian of records or other qualified witness, and having the authority to certify the attached records proclaim the following:

The attached 30 page(s) of records: Films: _____ Slides: _____ Blocks: _____ CDs: _____ Videos: _____ (1) were made at or near the time the act, event, condition, opinion or diagnosis by a person with knowledge of the matters reflected in the records; (2) were kept in the course of regularly conducted activity; (3) were created as part of the regular practice of the provider; and (4) are the complete and unabridged copies of records maintained by this facility with regards to the above-named plaintiff.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature Dawn L Chrismer Print Name D Chrismer

Executed on (date) 8-29-07

SECTION II: CERTIFICATION OF NO RECORDS

A thorough search of our files, carried out under my direction revealed no documents, records or other materials called for in the subpoena or authorization.

PLEASE CHECK ALL THAT ARE APPLICABLE TO YOUR SEARCH FOR RECORDS

1. ☐ A thorough search of the patient's SS#, Date of Birth and all aka's was done and no such records were found, and to the best of my knowledge these records do not exist in storage.
2. ☐ These records have been destroyed. Our retention policy is _____ years.
3. ☐ These records are in the possession of _____.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature _____ Print Name _____

Executed on (date) _____

PLEASE RETURN THIS CERTIFICATION

HIPAA COMPLIANT AUTHORIZATION FORM PURSUANT TO 45 CFR 164.508

TO: Urology Associates
2801 Charlotte Avenue
Nashville, TN 37209

Patient Name: Richard H. Smith AKA: _____
Date of Birth: 01/04/1925 Social Security Number: 412-24-6663
Address: 1443 Janis Avenue, Nashville, TN 37216

I hereby authorize the use or disclosure of records including protected health information and information pertaining to drug and/or alcohol abuse treatment, whether oral or recorded in any form or medium, as defined under the Health Insurance Portability and Accountability Act ("HIPAA"), the Federal Regulations enacted pursuant to HIPAA, and Federal Regulations governing confidentiality and drug and/or alcohol abuse patient records, 42 C.F.R. Part 2, about the above named patient. This authorization is for the purpose of **COPY** and evaluation in connection with a legal claim.

I expressly request that all covered entities under HIPAA identified above disclose full and complete protected health information spanning the time period of the beginning of my treatment to the present, including the following:

☒ All medical records, including inpatient, outpatient and emergency room treatment, all clinical charts, reports, documents, correspondence, test results, statements, questionnaires/histories, office and doctor's handwritten notes, and records received by other physicians.

☒ All autopsy, laboratory, histology, cytology, pathology, radiology, CT Scan, MRI, echocardiogram and cardiac catheterization reports.

☒ All radiology films, mammograms, myelograms, CT scans, photographs, bone scans, pathology/cytology/histology /autopsy/immunohistochemistry specimens, cardiac catheterization videos/CDs/films/reels, and echocardiogram videos.

☒ All pharmacy/prescription records including NDC numbers and drug information handouts/monographs.

☒ All billing records including all statements, itemized bills, and insurance records.

Information about alcohol/substance abuse and HIV/AIDS may be disclosed as follows: (initial all that apply)

RA Yes, disclose HIV/AIDS information. OR ____ No, do NOT disclose HIV/AIDS information.

RA Yes, disclose alcohol/substance abuse information OR ____ No, do NOT disclose alcohol/substance abuse information.

I authorize you to release the protected health information to: MRC of Houston
6330 West Loop South
Suite 105
Bellaire, TX 77401

This authorization applies to psychotherapy notes, psychiatric or psychological records. I acknowledge the right to revoke this authorization by writing to you at the above referenced address. However, I understand that any actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I acknowledge the potential for information disclosed pursuant to this authorization to be subject to redisclosure by the recipient and no longer be protected under 45 CFR 164.508. I understand that the covered entity to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I sign the authorization. Any facsimile, copy or photocopy of the authorization shall authorize you to release the records herein.

This authorization expires upon the conclusion of the personal injury/wrongful death lawsuit on behalf of the above-named plaintiff.

Signature: Ruth B. Smith, Executive Date: 7/31/07
Relationship to the person who is the subject of the records:
Self: _____ Other: Spouse

If signing on behalf of person who is the subject of the records, please describe authority (i.e., power of attorney, executor, etc.) Ruth Smith, Individually and as Widow for the Use and Benefit of Herself and the Next of Kin of Richard Smith, Deceased

* If the authorization is for the release of HIV/AIDS information, please provide the name or specific identification of the person(s), or class of persons, authorized to make the requested disclosure.

#

Z

000466150126400406739

Pg: 1.0

SMITH, RICHARD

MRN: 33897 Reg #: 2

DOB: 1/4/25 71 M Dept: UA CHURCH STREET 2

Adm: 3/7/96 Rm: WAIT Bed:

Att. Phys: NESBITT, JR, THOMAS (0)

Doc Type: CLINIC VISIT PAGE 1

UROLOGY ASSOCIATES

Clinic Visit Form

DATE	TIME	WEIGHT
	12:30	

TEMP	RESP	PULSE SITTING	PULSE STANDING	BLOOD PRESSURE
				SITTING _____ STANDING _____

Dictation Pending
 Y N

Sp. Gr. _____ WBC 8
 Alb. 1.1 RBC _____
 Sug. neg Casts _____
 Reacl. 5.0 Bact. _____

NURSE SIGNATURE	NURSE ID
PHYSICIAN SIGNATURE	PHYSICIAN ID

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X

#

UROLOGY ASSOCIATES
2110 CHURCH ST
NASHVILLE, TENNESSEE 37203

CLINIC VISIT

PATIENT: Richard Smith
MRN: 33897
PHYSICIAN: NESBITT, JR, THOMAS
DATE: Jun.02, 1997

OV: Mr. Smith had a TUR/p about 11 yrs. ago. He has had what sounds like a bladder neck contracture or some type of stricture because he had to have a catheter put in by Dr. Hagan when he had a total hip replacement. He is doing fine now. Having some frequency and a little bit of difficulty voiding. Otherwise doing pretty good. Because the burning I put him on Doxycycline 100 mg. b.i.d. #20. (Njr)dw

1. Carry your card with you when you are away from home.
2. Let your hospital or doctor see your card when you require hospital, medical or health services under Medicare.
3. Get in touch with your social security office if you have questions about your rights under Medicare.
4. Your card is good wherever you live in the United States.

WARNING: Issued only for the use of the named beneficiary. Intentional misuse of this card is unlawful and will make the offender liable to penalty.

PROPERTY OF UNITED STATES GOVERNMENT.
IF FOUND DROP IN NEAREST U.S. MAIL BOX.

HEALTH CARE FINANCING ADMINISTRATION
Baltimore, Maryland 21207

Form HCFA-1966 (7-88)

33897

Health Insurance

SOCIAL SECURITY ACT

NAME OF BENEFICIARY

RICHARD H SMITH

CLAIM NUMBER

412-24-6663-A

SEX

MALE

IS ENTITLED TO

EFFECTIVE DATE

HOSPITAL (PART A) 1-1-90

MEDICAL (PART B) 3-1-91

SIGN

HERE

Richard H. Smith

TO CERTIFICATE HOLDER

This is your Blue Cross and Blue Shield Identification Card. Carry it with you at all times and present it to the hospital or doctor whenever you or one of your eligible dependents receive medical services. See your coverage literature for a list of covered services. When submitting inquiries about your coverage always include the Identification Number and the Group Number from the face of this card.

TO HOSPITAL OR DOCTOR

Reports of hospital services rendered to the member named (or eligible dependents) should be sent directly to the Blue Cross Plan serving your area. Blue Shield claims should be sent to the Blue Shield Plan named below. Be sure to include the Identification Number and Group Number appearing on the face of the card.

Blue Cross and Blue Shield of Tennessee
Chattanooga, Tennessee 37402

THIS CARD IS FOR IDENTIFICATION, NOT FOR PROOF OF ELIGIBILITY

GB-216

2



SUBSCRIBER NAME
SMITH RICHARD H

SUBSCRIBER IDENTIFICATION NUMBER
4890407

GROUP NO.
9519

SOCIAL SECURITY NUMBER
412-24-6663

BLUE SHIELD PLAN CODE
890

EFFECTIVE DATE
02/01/91

BLUE CROSS PLAN CODE
390

DEPT.

PAYROLL NUMBER

1. Carry your card with you when you are away from home.
2. Let your hospital or doctor see your card when you require hospital, medical or health services under Medicare.
3. Get in touch with your social security office if you have questions about your rights under Medicare.
4. Your card is good wherever you live in the United States.

WARNING: Issued only for the use of the named beneficiary. Intentional misuse of this card is unlawful and will make the offender liable to penalty.

**PROPERTY OF UNITED STATES GOVERNMENT.
IF FOUND DROP IN NEAREST U.S. MAIL BOX.**

HEALTH CARE FINANCING ADMINISTRATION
Baltimore, Maryland 21207

Form HCFA-1966 (7-88)

33897

Health Insurance

SOCIAL SECURITY ACT

NAME OF BENEFICIARY

RICHARD H SMITH

CLAIM NUMBER

412-24-6663-A

SEX

MALE

IS ENTITLED TO

EFFECTIVE DATE

HOSPITAL (PART A) 1-1-90

MEDICAL (PART B) 3-1-91

SIGN

HERE

Richard H. Smith

TO CERTIFICATE HOLDER

This is your Blue Cross and Blue Shield Identification Card. Carry it with you at all times and present it to the hospital or doctor whenever you or one of your eligible dependents receive medical services. See your coverage literature for a list of covered services. When submitting inquiries about your coverage always include the Identification Number and the Group Number from the face of this card.

TO HOSPITAL OR DOCTOR

Reports of hospital services rendered to the member named (or eligible dependents) should be sent directly to the Blue Cross Plan serving your area. Blue Shield claims should be sent to the Blue Shield Plan named below. Be sure to include the Identification Number and Group Number appearing on the face of the card.

Blue Cross and Blue Shield of Tennessee
Chattanooga, Tennessee 37402

THIS CARD IS FOR IDENTIFICATION, NOT FOR PROOF OF ELIGIBILITY

GS-216

2



**Blue Cross
Blue Shield
of Tennessee**



SMITH RICHARD H

SUBSCRIBER IDENTIFICATION NUMBER
4890407

EFFECTIVE DATE
02/01/91

GROUP NO.
9519

BLUE SHIELD PLAN CODE
890

BLUE CROSS PLAN CODE
390

SOCIAL SECURITY NUMBER
412-24-6663

DEPT.
PAYROLL NUMBER

=====

MRN: 33897 Name: SMITH RICHARD H

=====

UROLOGY ASSOCIATES
 UA CHURCH STREET 2
 2110 CHURCH ST NASHVILLE, TENNESSEE 37203

LABORATORY DIRECTOR

URINALYSIS-MANUAL

MRN : 33897 Age : 72 Years
 Patient Name: SMITH, RICHARD H Sex : Male
 Home Phone : (615) 262-9434
 Work Phone :
 Physician : THOMAS E NESBITT, JR M.D. Accession: 583490
 Phone :

Tech : ELOISE KNOWLES

Collection Date/Time: 07/09/97 08:49

Result Date/Time : 07/09/97 08:49

Report Date/Time : 07/09/97 08:50

Comment:

Test	Result	Abn	Normal Range	Units
ALBUMIN	N		N	
BACT	NB	A	0	
RBC	N	A	0	
PH	S		5.0 - 6.5	
SUGAR	N		N	
WBC	N		0 - 3	

UROLOGY ASSOCIATES
2110 CHURCH ST
NASHVILLE, TENNESSEE 37203

CLINIC VISIT

PATIENT: Smith, Richard H
MRN: 33897
PROVIDER: NESBITT, JR, THOMAS
DATE: 07/09/1997 13:23

Having trouble with his sex life. Has not been sexually active for 8 to 9 yrs. His wife has been ill, but she is now interested and he is unable to perform. Given 2 cc of Depo-T empirically and Yocon one b.i.d.

RTC: 1 month. Will try MUSE if he does not have much success. (Njr)dw

SIGNATURE ON FILE

I AUTHORIZE UROLOGY ASSOCIATES TO RELEASE TO THE SOCIAL SECURITY ADMINISTRATION OR ITS INTERMEDIARIES OR CARRIERS, OR OTHER INSURANCE CARRIER ANY MEDICAL OR OTHER INFORMATION NEEDED FOR THIS OR A RELATED INSURANCE CLAIM. A COPY OF THIS AUTHORIZATION MAY BE USED IN PLACE OF THE ORIGINAL. I REQUEST PAYMENT OF INSURANCE BENEFITS EITHER TO MYSELF OR UROLOGY ASSOCIATES.

8-7-97 X *Richard H. Smith*
DATE SIGNATURE OF PATIENT OR GUARDIAN

33897

MEDIGAP AUTHORIZATION

I REQUEST THAT PAYMENT OF AUTHORIZED MEDIGAP BENEFITS BE MADE ON BEHALF OF UROLOGY ASSOCIATES FOR ANY SERVICES FURNISHED ME BY PHYSICIANS ON STAFF. I AUTHORIZE ANY HOLDER OF MEDICAL INFORMATION ABOUT ME TO RELEASE TO

____ ANY INFORMATION NEEDED TO DETERMINE
NAME OF MEDIGAP INSURER

MEDICARE NUMBER: _____

MEDIGAP NUMBER: _____

PATIENT SIGNATURE: _____ DATE: _____

UROLOGY ASSOCIATES

INFORMED CONSENT AND INSURANCE WAIVER

TO ALL "MUSE THERAPY" PATIENTS

I UNDERSTAND THAT "MUSE" HAS SOME
POTENTIAL RISKS AND COMPLICATIONS AND
THESE HAVE BEEN EXPLAINED, UNDERSTOOD,
AND ACCEPTED. I HAVE ALSO READ THE
PAMPHLET OFFERED BY THE MANUFACTURER.

UROLOGY ASSOCIATES

Patient Name: Richard Smith

MRN 33897

Doctor Tom Neelutty, Jr.

Date 8-7-97

Service: MUSE Alprostadil 500mcg (ea) \$35.00

I understand that the above service is not paid for by my insurance carrier. I
understand that I will be responsible for any charges associated with this service
at the time of service.

Richard D. Smith
patient signature

8/7/97
date

UROLOGY ASSOCIATES
2110 CHURCH ST
NASHVILLE, TENNESSEE 37203

CLINIC VISIT

PATIENT: Smith, Richard H
MRN: 33897
PROVIDER: NESBITT, JR, THOMAS
DATE: 08/07/1997 08:54

The pt. returns for check up. Wanted to try the Yocon. He is very concerned about his lack of sex life. Tried MUSE and had a fair response. He wanted to try this at home under better circumstances. Given RX for MUSE. Return in a month and we will probably do injections.
(Njr)dw

=====

MRN: 33897 Name: SMITH RICHARD H

=====

UROLOGY ASSOCIATES
UA CHURCH STREET
2011 CHURCH ST. SUITE 600 NASHVILLE, TENNESSEE 37203
ROBERT BARNETT, M.D. CHARLES ECKSTEIN, M.D.
LABORATORY DIRECTOR

IMMUNO1

MRN : 33897 Age : 72 Years
Patient Name: SMITH, RICHARD H Sex : Male
Home Phone : (615) 262-9434
Work Phone :
Physician : THOMAS E NESBITT, JR. M.D. Accession: 1475178
Phone :

Tech : JAMES V SMITH

Collection Date/Time: 12/08/97 08:27
Result Date/Time : 12/09/97 13:08:30
Report Date/Time : 12/09/97 14:03

Comment:

Test	Result	Abn	Normal Range	Units
PSA	0.44		- 4.1	

=====

MRN: 33897 Name: SMITH RICHARD H

=====

UROLOGY ASSOCIATES
UA CHURCH STREET 2
2110 CHURCH ST NASHVILLE, TENNESSEE 37203

LABORATORY DIRECTOR

URINALYSIS-MANUAL

MRN : 33897 Age : 72 Years
Patient Name: SMITH, RICHARD H Sex : Male
Home Phone : (615) 262-9434
Work Phone :
Physician : THOMAS E NESBITT, JR. M.D. Accession: 1475681
Phone :

Tech : JOE WALLACE

Collection Date/Time: 12/08/97 12:08
Result Date/Time : 12/08/97 12:08
Report Date/Time : 12/08/97 12:08

Comment:

Test	Result	Abn	Normal Range	Units
ALBUMIN	N		N	
RBC	0		0	
PH	5		5.0 - 6.5	
SUGAR	N		N	
WBC	0		0 - 3	

UROLOGY ASSOCIATES
2110 CHURCH ST
NASHVILLE, TENNESSEE 37203

CLINIC VISIT

PATIENT: Smith, Richard H
MRN: 33897
PROVIDER: NESBITT, JR., THOMAS
DATE: Dec 8, 1997

Chief complaint and history of present illness: The patient has been having some trouble with perineal pain and testicular discomfort. He had a TUR/P about 11 yrs. ago. He also continues to have problems with erectile discomfort.

Review of systems is positive for frequency, but no diminution in his urinary stream.

DRE: Prostate is smooth and may be slightly tender.

Testicles are normal.

PSA drawn.

DX: BPH and chronic prostatitis

RX: Doxycycline 100 mg. b.i.d.

RTC: 6 months. (Njr)dw

**UROLOGY ASSOCIATES
2110 CHURCH ST
NASHVILLE, TENNESSEE 37203**

Dec 10, 1997

Richard Smith
1443 Janie Avenue
Nashville, TN 37216

MRN:33897

Dear Mr. Smith,

The PSA performed on 12/08/97 had a value of 0.44 .

This is in normal range. We will see you on your next scheduled visit.

Sincerely,

Thomas E. Nesbitt, Jr., M.D.
(615) 327-2055

=====

MRN: 33897 Name: SMITH RICHARD H

=====

UROLOGY ASSOCIATES
UA CHURCH STREET 2
2110 CHURCH ST NASHVILLE, TENNESSEE 37203

LABORATORY DIRECTOR

URINALYSIS-MANUAL

MRN : 33897 Age : 73 Years
Patient Name: SMITH, RICHARD H Sex : Male
Home Phone : (615) 262-9434
Work Phone :
Physician : THOMAS E NESBITT, JR. M.D. Accession: 1716065
Phone :

Tech : RON MANSFIELD L.P.N.

Collection Date/Time: 05/07/98 12:42
Result Date/Time : 05/07/98 12:42
Report Date/Time : 05/07/98 12:43

Comment:

Test	Result	Abn	Normal Range	Units
BACT	NEG		NEG	
BLOOD	NEG		NEG	
GLUCOSE	NEG		NEG	
HEMOGLOBIN	NEG		NEG	
KETONES	NEG		NEG	
LEUKOCYTES	NEG		NEG	
PROTEIN	NEG		NEG	
RBC	NEG		NEG	
PH	5		5.0 - 8.0	
WBC	NEG		0 - 3	

**UROLOGY ASSOCIATES
2110 CHURCH ST
NASHVILLE, TENNESSEE 37203**

CLINIC VISIT

PATIENT: Smith, Richard H
MRN: 33897
PROVIDER: NESBITT, JR., THOMAS
DATE: May 7, 1998

Mr. Smith is now 73. He had a TUR/P about 11-12 yrs. ago. He has had trouble having a catheter placed the last several times he has had operative procedures. He is scheduled for right knee replacement by Dr. Regen next week and I told him to come by to let me check him. His last PSA was 0.44 in December of 1997.

REVIEW OF SYSTEMS is negative for cardiac, pulmonary or GI difficulties.
LUNGS: Respiratory effort is unlabored.
PHYSICAL EXAM: Neck is supple. No apparent skin rashes or lesions noted.

ABDOMEN is soft and non-tender without palpable masses or organs.
Normal phallus with normal meatus.
Testes are bilaterally descended with normal epididymides. Scrotal skin is normal.

URINALYSIS: Negative chemically and microscopically.

On examination, he has a severe bladder neck contracture. He will need to have this opened up and I think he would need to have this done prior to his knee replacement so he does not get septic. I will call Dr. Regen about this. (njr)dw

33897

NAME:	SMITH, RICHARD H	BAPTIST HOSPITAL
MED REC NO:	0073532-7	Nashville, Tennessee
ADM DATE:	05/11/98	
ATTENDING:	Thomas E. Nesbitt, Jr., M.D.	OPERATION REPORT
SURGEON:		
OPERATION DATE:	05/11/98	
ROOM NO:	05/11/98	
PATIENT ACCT NO:	026458224	REQ NO:

Dr. Thomas E. Nesbitt, Jr., M.D.

PREOPERATIVE DIAGNOSIS:

1. Bladder neck contracture.

POSTOPERATIVE DIAGNOSIS:

1. Bladder neck contracture.

OPERATION:

1. Incision bladder neck contracture.

SURGEON: THOMAS E. NESBITT JR., M.D.

FIRST ASSISTANT:

ANESTHESIA: General.

PERTINENT FINDINGS AND OPERATIVE PROCEDURE: With the patient under general anesthesia the genitalia prepped and draped in the usual sterile fashion. The cystoscope was introduced and could be advanced to a level between the verumontanum and mid prostate. The patient had previous transurethral resection of prostate. He had bladder neck contracture and the scope could not be passed within the bladder neck. Very gingerly the Collins knife was inserted just to the patient's right side at the bladder neck contracture and gently moved at the nine o'clock position back and forth. This was then done on the left side until the cystoscope could be fully be advanced. The bladder was inspected and was normal large capacity bladder. The three and nine o'clock positions were then incised with the knife back to the mid portion of the prostate taking care not to incise near the level of the verumontanum just widely over the bladder neck. A #20 Foley catheter was placed. Bleeding controlled with light electrocautery. The catheter was easily passed. The patient was taken to the recovery room in good condition.

OPERATION REPORT

Page 1 of 2

Copy for Thomas E. Nesbitt, Jr., M.D

33897

NAME:	SMITH, RICHARD H	BAPTIST HOSPITAL
MED REC NO:	0073532-7	Nashville, Tennessee
ADM DATE:	05/11/98	
ATTENDING:	Thomas E. Nesbitt, Jr., M.D.	OPERATION REPORT
SURGEON:		
OPERATION DATE:	05/11/98	
ROOM NO:	05/11/98	
PATIENT ACCT NO:	026458224	REQ NO:

Thomas E. Nesbitt, Jr., M.D.

TN/11517
DD: 05/12/98 2:55 P
DT: 05/13/98 2:21 P
Typed: 05/13/1998 12:45p
REVIEWED BY ??
CREATED BY 020014

OPERATION REPORT

Page 2 of 2

Copy for Thomas E. Nesbitt, Jr., M.D

**UROLOGY ASSOCIATES
2110 CHURCH ST
NASHVILLE, TENNESSEE 37203**

CLINIC VISIT

PATIENT: Smith, Richard H
MRN: 33897
PROVIDER: NESBITT, JR., THOMAS
DATE: May 14, 1998

Mr. Smith had incision of a bladder neck contracture about three days ago. He has had a lot of leakage and drainage around the catheter with spotting. We took out his Foley catheter and he voided with a good stream. Check back in two weeks to make sure he does not have any infection before his knee replacement. He is going to continue his Bactrim that he is taking right now. (Njr)dw

 MRN: 33897 Name: SMITH RICHARD H

UROLOGY ASSOCIATES
 UA CHURCH STREET 2
 2110 CHURCH ST NASHVILLE, TENNESSEE 37203

LABORATORY DIRECTOR

URINALYSIS-MANUAL

MRN : 33897 Age : 73 Years
 Patient Name: SMITH, RICHARD H Sex : Male
 Home Phone : (615)262-9434
 Work Phone : 0
 Physician : , , , TN-37203, Accession:1728222
 Phone :

Tech : ELOISE KNOWLES

Collection Date/Time: 05/15/98 08:41
 Result Date/Time : 05/15/98 08:41
 Report Date/Time : 05/15/98 08:41

Comment:

Test	Result	Abn	Normal Range	Units
BACT	NEG		NEG	
GLUCOSE	NEG		NEG	
PROTEIN	+1	A	NEG	
RBC	20-30	A	NEG	
PH	5		5.0 - 8.0	
WBC	10-20	H	0 - 3	

=====

MRN: 33897 Name: SMITH RICHARD H

=====

UROLOGY ASSOCIATES

UA CHURCH STREET 2

2110 CHURCH ST NASHVILLE, TENNESSEE 37203

LABORATORY DIRECTOR

URINALYSIS-MICRO

MRN : 33897 Age : 74 Years
Patient Name: SMITH, RICHARD H Sex : Male
Home Phone : (615) 262-9434
Work Phone :
Physician : , , , TN-37203, Accession: 2847289
Phone :

Tech : CLAUDIA DIXON

Collection Date/Time: 05/27/99 13:33
Result Date/Time : 05/27/99 13:33
Report Date/Time : 05/27/99 13:33

Comment:

Test	Result	Abn	Normal Range	Units
BACT	NEG		NEG	
BLOOD	NEG		NEG	
GLUCOSE	NEG		NEG	
KETONES	NEG		NEG	
LEUKOCYTES	NEG		NEG	
PROTEIN	NEG		NEG	
BLOOD	NEG		NEG	
PH	NEG	L	5.0 - 8.0	
WBC	NEG		0 - 3	

UROLOGY ASSOCIATES
2110 CHURCH ST
NASHVILLE, TENNESSEE 37203

CLINIC VISIT

PATIENT: Richard Smith
MRN: 33897
PROVIDER: NESBITT, JR., THOMAS
DATE: May 27, 1998

Status post op bladder neck contracture a couple of weeks ago. He is going to have a total knee or hip replacement by Dr. Regen soon.

Urinalysis is completely clear.

He is voiding with a good stream. Getting up only once a night instead of three times a night now. Overall, however, he is doing very well.

Return in 6 months. (Njr)dw

=====

MRN: 33897 Name: SMITH RICHARD H

=====

UROLOGY ASSOCIATES
 UA CHURCH STREET 2
 2110 CHURCH ST NASHVILLE, TENNESSEE 37203

LABORATORY DIRECTOR

URINALYSIS-MICRO

MRN : 33897 Age : 74 Years
 Patient Name: SMITH, RICHARD H Sex : Male
 Home Phone : (615)262-9434
 Work Phone :
 Physician : , , , TN-37203, Accession: 2847289
 Phone :

Tech : CLAUDIA DIXON

Collection Date/Time: 05/27/99 13:33
 Result Date/Time : 05/27/99 13:33
 Report Date/Time : 05/27/99 13:33

Comment:

Test	Result	Abn	Normal Range	Units
BACT	NEG		NEG	
BLOOD	NEG		NEG	
GLUCOSE	NEG		NEG	
KETONES	NEG		NEG	
LEUKOCYTES	NEG		NEG	
PROTEIN	NEG		NEG	
BLOOD	NEG		NEG	
PH	NEG	L	5.0 - 8.0	
WBC	NEG		0 - 3	

=====

MRN: 33897 Name: SMITH RICHARD H

=====

UROLOGY ASSOCIATES
UA CHURCH STREET
2011 CHURCH ST. SUITE 600 NASHVILLE, TENNESSEE 37203
ROBERT BARNETT, M.D. CHARLES ECKSTEIN, M.D.
LABORATORY DIRECTOR

AXSYM

MRN : 33897 Age : 74 Years
Patient Name: SMITH, RICHARD H Sex : Male
Home Phone : (615)262-9434
Work Phone :
Physician : , , , TN-37203, Accession:2847289
Phone :

Tech : JAMES V SMITH

Collection Date/Time: 05/27/99 09:14
Result Date/Time : 05/28/99 11:20:54
Report Date/Time : 05/28/99 11:28

Comment:

Test	Result	Abn	Normal Range	Units
PSA	0.49		- 4.1	

UROLOGY ASSOCIATES
2110 CHURCH ST
NASHVILLE, TENNESSEE 37203

CLINIC VISIT

PATIENT: Richard Smith
MRN: 33897
PROVIDER: NESBITT, JR., TOM
DATE: May 27, 1999

This 74 y/o man had a TUR/P about 12-13 yrs. ago. He was found to have a bladder neck contracture because he had trouble putting in the catheter when he had some orthopaedic procedures. He has had two total knee replacements and hip replacement. I did a relase of BNC in early May of 1998. He is voiding fine now, getting up about once at night.

ROS is negative for other systemic complaints.

PHYSICAL EXAM: The patient appears well and in no acute distress. He is alert and oriented.

HEENT: Grossly normal.

NECK: Supple.

RESPIRATORY: Breathing is unlabored.

EXTREMITIES: No swelling or edema. He has two well healed scars on his knees.

GU: Penis and testicles normal. No inguinal hernias.

DRE: Prostate is smooth and symmetric. Seminal vesicles are non-tender. Rectal sphincter tone is good. No hemorrhoids.

Urinalysis is negative chemically and microscopically.

DX: BPH

PLAN: PSA drawn today. We will let him know the results. No medications. Return in a year for follow up. (Njr)dw

**UROLOGY ASSOCIATES
2110 CHURCH ST
NASHVILLE, TENNESSEE 37203**

Jun 2, 1999

Richard Smith
1443 Janie Avenue
Nashville, TN 37216

MRN:33897

Dear Mr. Smith,

The PSA performed on 05/27/99 had a value of 0.49 .

This is in normal range. We will see you on your next scheduled visit.

Sincerely,

Thomas E. Nesbitt, Jr., M.D.
(615) 327-2055

101 P. 01

SPALDING/NESBITT UROLOGY CLINIC, P.C.

2110 Church Street

Nashville, TN 37203

(615) 327-2055 Fax (615) 329-4005

PATIENT'S NAME Richard Smith DATE 8-29-08

TO: UROLOGY ASSOCIATES Nashville, TN

I hereby authorize you to release to: SPALDING/NESBITT UROLOGY CLINIC, PC

2110 Church Street, Nashville, TN

any information, including the diagnosis and records of any treatment or examination rendered to

me from: Last two office visits and last PSA (if applicable)

X Richard H. Smith
Patient's signature

Liane Willis
WITNESS

MR
33897

FAXED
8/29/08

615 329 4005 P. 01/01

UROLOGY ASSOCIATES

AUG-29-2008 09:17



UROLOGY ASSOCIATES, P.C.

PEARL CLINICAL SUMMARY - AS OF 11/30/2000

SMITH, RICHARD HMRN: **N33897**SSN: **412-24-6663**DOB: **01/04/1925**

***** PROBLEMS *****					
DATE	DESCRIPTION	ICD9	GROUP	STATUS	
07/09/1997	IMPOTENCE	638		Active	
06/02/1997	PROSTATITIS CHRONIC	601.1		Active	
03/07/1996	BLADDER NECK CONTRACTURE	596.0,A		Active	
	BPH	600		Active	
11/20/1993	URINARY RETENTION	788.2		Active	

***** ACTIVE MEDICATIONS *****				
START	MEDICATION	DOSE	ORDERED BY	STOP
07/09/1997	YOCON 5.4MG TABS	1 TABS ORAL(po) BID TAKE AS DIRECTED	NESBITT, JR., TOM	

***** PSA RESULTS *****					
DATE	TEST	RESULT	UNITS	SEV	MD
05/27/1999	PSA	0.49			NESBITT, JR., TOM
12/08/1997	PSA	0.44			NESBITT, JR., TOM

***** MAJOR PROCEDURES *****				
DATE	DESCRIPTION	CPT	DX	MD
05/11/1998	TRANSURETHRAL RESECTION OF BLADDER	52500	596.0	NESBITT, JR., THOMAS E

***** RECENT PROCEDURES *****					
DATE	DESCRIPTION	CPT	DX CODE(S)	MD	
05/27/1999	99213 E/M-OFFICE VISIT-LEVEL III (EST)	99213	600,596.0,A,600,596.0,A,60	NESBITT, JR., TOM	
	PROSTATE SPECIFIC ANTIGEN (PSA)	84153	600,596.0,A,600,596.0,A,60	NESBITT, JR., TOM	
	URINALYSIS	81000	600,596.0,A,600,596.0,A,60	NESBITT, JR., TOM	
05/27/1998	99212 E/M-OFFICE VISIT-LEVEL II (EST)	99212	596.0,A	NESBITT, JR., TOM	
05/15/1998	99024 POST-OP FOLLOW-UP VISIT	99024	596.0,A	NESBITT, JR., TOM	
05/07/1998	99214 E/M-OFFICE VISIT-LEVEL IV (EST)	99214	596.0,A	NESBITT, JR., TOM	
	CYSTOSCOPY	52000	596.0,A	NESBITT, JR., TOM	
	GARAMYCIN, GENTAMICIN UP TO 80 MG	A7	596.0,A	NESBITT, JR., TOM	
07/09/1997	TESTOSTERONE 200 MG IM	D3	638	NESBITT, JR., TOM	
05/03/1996	E/M-INITIAL HOSP CONSULTATION-LEVEL	99251	600	HILL, CHRISTOPHER C	

END OF REPORT -

N33897

SMITH, RICHARD H

UROLOGY ASSOCIATES, P.C.

PEARL LABORATORY SUMMARY - AS OF 11/30/2000

SMITH, RICHARD HMRN: **N33897**SSN: **412-24-6663**DOB: **01/04/1925**

DATE	TEST	RESULT	UNITS	SEV	MD
<u>Misc Lab Results</u>					
05/27/1999	KETONES	NEG			NESBITT, JR., TOM
	URINE BACTERIA	NEG			NESBITT, JR., TOM
05/27/1998	HEMOGL.UR	NEG			NESBITT, JR., TOM
	KETONES	NEG			NESBITT, JR., TOM
	URINE BACTERIA	NEG			NESBITT, JR., TOM
05/15/1998	URINE BACTERIA	NEG			NESBITT, JR., TOM
05/07/1998	HEMOGL.UR	NEG			NESBITT, JR., TOM
	KETONES	NEG			NESBITT, JR., TOM
	URINE BACTERIA	NEG			NESBITT, JR., TOM
07/09/1997	URINE BACTERIA	NB		A	NESBITT, JR., TOM
<u>PROTELECT</u>					
12/08/1997	ALBUMIN,UR	N			NESBITT, JR., TOM
07/09/1997	ALBUMIN,UR	N			NESBITT, JR., TOM
<u>SPECIAL CHEMISTRY</u>					
05/27/1999	PSA	0.49			NESBITT, JR., TOM
12/08/1997	PSA	0.44			NESBITT, JR., TOM
<u>URINALYSIS</u>					
05/27/1999	UR BLD	NEG			NESBITT, JR., TOM
	UR BLD	NEG			NESBITT, JR., TOM
	UR GLU	NEG			NESBITT, JR., TOM
	UR LEUK	NEG			NESBITT, JR., TOM
	UR PH	NEG		L	NESBITT, JR., TOM
	UR PROT	NEG			NESBITT, JR., TOM
	UR WBC/HPF	NEG			NESBITT, JR., TOM
05/27/1998	UR BLD	NEG			NESBITT, JR., TOM
	UR GLU	NEG			NESBITT, JR., TOM
	UR LEUK	NEG			NESBITT, JR., TOM
	UR PH	5			NESBITT, JR., TOM
	UR PROT	NEG			NESBITT, JR., TOM
	UR RBC/HPF	NEG			NESBITT, JR., TOM
	UR WBC/HPF	NEG			NESBITT, JR., TOM
05/15/1998	UR GLU	NEG			NESBITT, JR., TOM
	UR PH	5			NESBITT, JR., TOM
	UR PROT	+1		A	NESBITT, JR., TOM
	UR RBC/HPF	20-30		A	NESBITT, JR., TOM
	UR WBC/HPF	10-20		H	NESBITT, JR., TOM
05/07/1998	UR BLD	NEG			NESBITT, JR., TOM
	UR GLU	NEG			NESBITT, JR., TOM
	UR LEUK	NEG			NESBITT, JR., TOM

UR PH

5

NESBITT, JR., TOM

CERTIFICATION FOR MEDICAL RECORDS

CUSTODIAN OF RECORDS
Nashville Internal Medicine Associates
Attn:
211 Twenty Second Avenue North
Nashville, Tennessee 37203

Please find enclosed a request for records of:
Smith, Richard H
DOB: 1/4/1925
SSN: 412-24-6663
MRC Request No.: NRTN-P1-000-024-2M4

Please find the following request for records:

Any and all inpatient and outpatient medical records including, but not limited to, front and back (unless blank) of reports, E.R. records, notes, test results, diagnoses, prognoses, office records, clinic records, surgery records, therapy records, pharmacy records, correspondence, "sticky" notes, phone messages, insurance cards, intake forms, discharge summaries, medical history forms, patient background forms, e-mails, memos, and any of the records mentioned above that are in storage.

SECTION I: CERTIFICATION OF CUSTODIAN OF RECORDS

I, the undersigned, being the authorized custodian of records or other qualified witness, and having the authority to certify the attached records proclaim the following:

The attached _____ page(s) of records: Films: _____ Slides: _____ Blocks: _____ CDs: _____ Videos: _____ (1) were made at or near the time the act, event, condition, opinion or diagnosis by a person with knowledge of the matters reflected in the records; (2) were kept in the course of regularly conducted activity; (3) were created as part of the regular practice of the provider; and (4) are the complete and unabridged copies of records maintained by this facility with regards to the above-named plaintiff.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature _____ Print Name _____

Executed on (date) _____

SECTION II: CERTIFICATION OF NO RECORDS

A thorough search of our files, carried out under my direction revealed no documents, records or other materials called for in the subpoena or authorization.

PLEASE CHECK ALL THAT ARE APPLICABLE TO YOUR SEARCH FOR RECORDS

1. ☒ A thorough search of the patient's SS#, Date of Birth and all aka's was done and no such records were found, and to the best of my knowledge these records do not exist in storage.
2. ☐ These records have been destroyed. Our retention policy is _____ years.
3. ☐ These records are in the possession of _____.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature Erika Davis Print Name Erika Davis

Executed on (date) 8.27.07

PLEASE RETURN THIS CERTIFICATION

CERTIFICATION FOR BILLING RECORDS

CUSTODIAN OF RECORDS
Associated Urologists of Nashville
Attn: Barbara
4230 Harding Road
Nashville, Tennessee 37205

Please find enclosed a request for records of:
Smith, Richard H
DOB: 1/4/1925
SSN: 412-24-6663
MRC Request No.: NRTN-P1-000-024-2MJ

Please find the following request for records:

Any and all inpatient and outpatient billing records including, but not limited to, any and all statements, itemized bills, insurance records, and any of the records mentioned above in storage.

SECTION I: CERTIFICATION OF CUSTODIAN OF RECORDS

I, the undersigned, being the authorized custodian of records or other qualified witness, and having the authority to certify the attached records proclaim the following:

The attached _____ page(s) of records: Films: _____ Slides: _____ Blocks: _____ CDs: _____ Videos: _____ (1) were made at or near the time the act, event, condition, opinion or diagnosis by a person with knowledge of the matters reflected in the records; (2) were kept in the course of regularly conducted activity; (3) were created as part of the regular practice of the provider; and (4) are the complete and unabridged copies of records maintained by this facility with regards to the above-named plaintiff.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature _____ Print Name _____

Executed on (date) _____

SECTION II: CERTIFICATION OF NO RECORDS

A thorough search of our files, carried out under my direction revealed no documents, records or other materials called for in the subpoena or authorization.

PLEASE CHECK ALL THAT ARE APPLICABLE TO YOUR SEARCH FOR RECORDS

1. ☒ A thorough search of the patient's SS#, Date of Birth and all aka's was done and no such records were found, and to the best of my knowledge these records do not exist in storage.
2. ☐ These records have been destroyed. Our retention policy is _____ years.
3. ☐ These records are in the possession of _____.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature Barbara Hayes Print Name Barbara Hayes

Executed on (date) 8/21/07

PLEASE RETURN THIS CERTIFICATION

CERTIFICATION FOR INSURANCE RECORDS

CUSTODIAN OF RECORDS
Associated Urologists of Nashville
Attn: Barbara
4230 Harding Road
Nashville, Tennessee 37205

Please find enclosed a request for records of:
Smith, Richard H
DOB: 1/4/1925
SSN: 412-24-6663
MRC Request No.: NRTN-P1-000-024-3HL

Please find the following request for records:

Any and all records including, but not limited to, any and all notes, insurance records, insurance claims, actual claims copies, explanation of benefit forms, and/or correspondence.

SECTION I: CERTIFICATION OF CUSTODIAN OF RECORDS

I, the undersigned, being the authorized custodian of records or other qualified witness, and having the authority to certify the attached records proclaim the following:

The attached _____ page(s) of records: Films: _____ Slides: _____ Blocks: _____ CDs: _____ Videos: _____ (1) were made at or near the time the act, event, condition, opinion or diagnosis by a person with knowledge of the matters reflected in the records; (2) were kept in the course of regularly conducted activity; (3) were created as part of the regular practice of the provider; and (4) are the complete and unabridged copies of records maintained by this facility with regards to the above-named plaintiff.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature _____ Print Name _____

Executed on (date) _____

SECTION II: CERTIFICATION OF NO RECORDS

A thorough search of our files, carried out under my direction revealed no documents, records or other materials called for in the subpoena or authorization.

PLEASE CHECK ALL THAT ARE APPLICABLE TO YOUR SEARCH FOR RECORDS

- ☒ A thorough search of the patient's SS#, Date of Birth and all aka's was done and no such records were found, and to the best of my knowledge these records do not exist in storage.
- ☐ These records have been destroyed. Our retention policy is _____ years.
- ☐ These records are in the possession of _____.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature Barbara J. Hayes Print Name Barbara J. Hayes

Executed on (date) 8/21/07

PLEASE RETURN THIS CERTIFICATION

CERTIFICATION FOR MEDICAL RECORDS

CUSTODIAN OF RECORDS
Premier Orthopedics and Sports Medicine
Attn: Medical Records
2400 Patterson Street Suite 300
Nashville, Tennessee 37203

Please find enclosed a request for records of:
Smith, Richard H
DOB: 1/4/1925
SSN: 412-24-6663
MRC Request No.: NRTN-P1-000-024-2LZ

Please find the following request for records:

Any and all inpatient and outpatient medical records including, but not limited to, front and back (unless blank) of reports, E.R. records, notes, test results, diagnoses, prognoses, office records, clinic records, surgery records, therapy records, pharmacy records, correspondence, "sticky" notes, phone messages, insurance cards, intake forms, discharge summaries, medical history forms, patient background forms, e-mails, memos, and any of the records mentioned above that are in storage.

SECTION I: CERTIFICATION OF CUSTODIAN OF RECORDS

I, the undersigned, being the authorized custodian of records or other qualified witness, and having the authority to certify the attached records proclaim the following:

The attached 6 page(s) of records: Films: _____ Slides: _____ Blocks: _____ CDs: _____ Videos: _____ (1) were made at or near the time the act, event, condition, opinion or diagnosis by a person with knowledge of the matters reflected in the records; (2) were kept in the course of regularly conducted activity; (3) were created as part of the regular practice of the provider; and (4) are the complete and unabridged copies of records maintained by this facility with regards to the above-named plaintiff.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature

Print Name

Executed on (date)

SECTION II: CERTIFICATION OF NO RECORDS

A thorough search of our files, carried out under my direction revealed no documents, records or other materials called for in the subpoena or authorization.

PLEASE CHECK ALL THAT ARE APPLICABLE TO YOUR SEARCH FOR RECORDS

1. ☐ A thorough search of the patient's SS#, Date of Birth and all aka's was done and no such records were found, and to the best of my knowledge these records do not exist in storage.
2. ☐ These records have been destroyed. Our retention policy is _____ years.
3. ☐ These records are in the possession of _____.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature

Print Name

Executed on (date)

PLEASE RETURN THIS CERTIFICATION



8/20/2007

CUSTODIAN OF RECORDS:
Premier Orthopedics and Sports Medicine
Attn: Medical Records
2400 Patterson Street Suite 300
Nashville, Tennessee 37203

RE: Request Number: NRTN-PI-000-024-2LZ

REQUEST FOR MEDICAL RECORDS

The requesting attorney, Seaton, Angela of Shook, Hardy & Bacon, L.L.P., authorizes MRC to obtain the records described below for pending litigation.

Please provide us with a complete copy of the records specified below for:
Smith, Richard H / DOB: 1/4/1925 / SSN: 412-24-6663

Any and all inpatient and outpatient medical records including, but not limited to, front and back (unless blank) of reports, E.R. records, notes, test results, diagnoses, prognoses, office records, clinic records, surgery records, therapy records, pharmacy records, correspondence, "sticky" notes, phone messages, insurance cards, intake forms, discharge summaries, medical history forms, patient background forms, e-mails, memos, and any of the records mentioned above that are in storage.

In order to preserve evidence, please do not destroy any records relating to this plaintiff until end of litigation.

MRC will expect all charges to be reasonable and customary and in compliance with your state statutes. Please include your Federal Tax ID Number and the Request Number on all invoices.

Return the completed record set and attached certification to the attention of Records Retrieval at the address below
BEFORE: 9/10/2007

Refer to the following Request Number on all correspondence(s) and/or invoice(s):
NRTN-PI-000-024-2LZ

Thank you in advance for your prompt attention to this matter.

Kindest regards,

MRC

HIPAA COMPLIANT AUTHORIZATION FORM PURSUANT TO 45 CFR 164.508

TO: Nashville Otolaryngology Consultants
222 22nd Avenue North
Suite #600
Nashville, TN 37203

Patient Name: Richard H. Smith AKA: _____
Date of Birth: 01/04/1925 Social Security Number: 412-24-6663
Address: 1443 Janis Avenue, Nashville, TN 37216

I hereby authorize the use or disclosure of records including protected health information and information pertaining to drug and/or alcohol abuse treatment, whether oral or recorded in any form or medium, as defined under the Health Insurance Portability and Accountability Act ("HIPAA"), the Federal Regulations enacted pursuant to HIPAA, and Federal Regulations governing confidentiality and drug and/or alcohol abuse patient records, 42 C.F.R. Part 2, about the above named patient. This authorization is for the purpose of review and evaluation in connection with a legal claim.

I expressly request that all covered entities under HIPAA identified above disclose full and complete protected health information spanning the time period of the beginning of my treatment to the present, including the following:

☒ All medical records, including inpatient, outpatient and emergency room treatment, all clinical charts, reports, documents, correspondence, test results, statements, questionnaires/histories, office and doctor's handwritten notes, and records received by other physicians.

☒ All autopsy, laboratory, histology, cytology, pathology, radiology, CT Scan, MRI, echocardiogram and cardiac catheterization reports.

☒ All radiology films, mammograms, myelograms, CT scans, photographs, bone scans, pathology/cytology/histology /autopsy/immunohistochemistry specimens, cardiac catheterization videos/CDs/films/reels, and echocardiogram videos.

☒ All pharmacy/prescription records including NDC numbers and drug information handouts/monographs.

☒ All billing records including all statements, itemized bills, and insurance records.

Information about alcohol/substance abuse and HIV/AIDS may be disclosed as follows: (initial all that apply)

RAI Yes, disclose HIV/AIDS information. OR _____ No, do NOT disclose HIV/AIDS information.

RAI Yes, disclose alcohol/substance abuse information OR _____ No, do NOT disclose alcohol/substance abuse information.

I authorize you to release the protected health information to: MRC of Houston
6330 West Loop South
Suite 105
Bellaire, TX 77401

This authorization applies to psychotherapy notes, psychiatric or psychological records. I acknowledge the right to revoke this authorization by writing to you at the above referenced address. However, I understand that any actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I acknowledge the potential for information disclosed pursuant to this authorization to be subject to redisclosure by the recipient and no longer be protected under 45 CFR 164.508. I understand that the covered entity to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I sign the authorization. Any facsimile, copy or photocopy of the authorization shall authorize you to release the records herein.

This authorization expires upon the conclusion of the personal injury/wrongful death lawsuit on behalf of the above-named plaintiff.

Signature: Ruth B. Smith, Executive Date: 7/31/07
Relationship to the person who is the subject of the records:
Self: _____ Other: Spouse

If signing on behalf of person who is the subject of the records, please describe authority (i.e., power of attorney, executor, etc.) Ruth Smith, Individually and as Widow for the Use and Benefit of Herself and the Next of Kin of Richard Smith, Deceased

* If the authorization is for the release of HIV/AIDS information, please provide the name or specific identification of the person(s), or class of persons, authorized to make the requested disclosure.

15

The payment has been approved!

80131 MRC

Credit Card Number: Visa ends in 0156

Name: DORENE J WISE

Amount: 50.00

Date: 09/11/2007

AVS (Address Verification Service) Check

Result: Not available (payment will still be processed) [More info](#)

This service is not available for this credit card.

CVV (Card Verification Value) Check

Result: Not provided (payment will still be processed) [More info](#)

The CVV code was not validated on this transaction.

Payment ID's

Transaction ID: MC0023972865

Authorization Code: 040913

Void Payment

Print

Close

PATIENT:

Richard H. Smith

PAGE:

2

CLINICAL RECORD

10/21/02 Mr. Smith called today stating his daughter is having surgery and emotionally he is not ready to have the MRI that's scheduled @ Healthsouth tomorrow. He will call back to re-schedule when things are better — m

10-24-02 R1 w/d appt Ellie

CLINICAL RECORD

Continuation of October 16, 2002:

X-RAYS: Three views, AP, outlet and axillary lateral, shows degenerative changes of his AC joint. It shows a high riding humeral head.

IMPRESSION:

1. Left shoulder rotator cuff tear.
2. Osteoarthritis of AC joint.
3. Probable long head of biceps rupture.

PLAN: Would like to get an MRI scan. JEFFREY P. LAWRENCE, M.D./jv



MEDICAL RECORDS



PREMIER

Orthopaedics & Sports Medicine, PLC

www.premier-ortho.com

at Centennial Medical Center

JOHN C. BROTHERS, M.D.
WESLEY L. COKER, M.D.
JEFFREY P. LAWRENCE, M.D.
JOSEPH D. CHENGER, M.D.

2400 PATTERSON STREET
NASHVILLE, TENNESSEE 37203
TELEPHONE: (615) 342-6300

DANIEL J. McHUGH, M.D.
MELVIN D. LAW, JR., M.D.
ROGER N. PASSMORE, M.D.
KARL FOURNIER, M.D.

PATIENT: **RICHARD SMITH - 201414**
ADDRESS: **1443 JANIE AVENUE, NASHVILLE, TN 37216**
REFERRED BY:
DATE: **OCTOBER 16, 2002**

AGE: 77

CLINICAL RECORD

Richard is a 77-year-old male who is a patient of Dr. Jim Cato. He comes in complaining of pain in his left shoulder. He was referred here by Henry Ward, one of my patients. He said that back on the 7th, he was cleaning gutters and reached up and felt and heard a pop in his shoulder. He has had a bruise over his anterior arm and he states he has been unable to lift his arm since that time. If he holds his arm by his side and takes Advil, it feels better.

PAST MEDICAL HISTORY: Past medical history is negative for asthma, cancer, depression, diabetes, heart disease, high blood pressure, lung disorder and neurologic disorder. He is status post appendectomy, joint surgery and tonsillectomy.

CURRENT MEDICATIONS: None.

ALLERGIES: CIPRO

FAMILY HISTORY: Family history is positive for arthritis but negative for bleeding disorder, cancer, diabetes, heart disease, osteoporosis, scoliosis and stroke.

SOCIAL HISTORY: He does not smoke or drink alcohol. He is retired.

REVIEW OF SYSTEMS: Positive for joint pain. Negative for fever/chills, night sweats, mood changes, weight gain/loss, headaches, vision change, shortness of breath, chest pain, irregular heart beat, swelling of limbs, stomach ulcers, jaundice, frequent/painful urination, night pain, anemia, blood transfusions and bleeding disorders.

PHYSICAL EXAMINATION: Well-developed, well-nourished white male. He is 6' 3" and weighs 210 pounds. He has good neck motion. He flexes and abducts only approximately 30°. I can passively flex and abduct him approximately 90° before it really starts to bother him. He has ecchymosis over his anterior arm, good elbow motion. He is neurologically intact.

Continued on Page Two



PREMIER
Orthopaedics & Sports Medicine, PLC

H. Lawrence

Medical History

This form will assist your physician with your care. Please take a few minutes to carefully complete it. Thank you.

Patient's Full Name: Richard H. Smith

Age: 77

Date of Birth: Jan 4, 1925

Today's Date: 10-16-02

Referred by: Friend Dr. Lawrence operated on shoulder - Henry Ward

Family or Primary Care Physician (if different from referring physician): James Cato

What are you being seen for today? Left Shoulder

Have you seen another physician for this problem? ☐ Yes ☒ No If yes, who and when?

Is this a work related injury? ☐ Yes ☒ No If yes, date of injury?

Date injury reported to the employer?

How did your symptoms begin? Cleaning gutters, raised left arm and shoulder
popped

When did your symptoms begin? 10/7/02

Describe your symptoms: Looks like bleeding in L. shoulder, cannot raise
L. arm

What makes the pain worse? Raise Arm

What makes the pain better? Not use arm, Advil

Drug Allergies

Please list the name of any drugs you are allergic to and what they do to you when taken.

Drug	Your Reaction
<u>Cipro</u>	<u>Swelling</u>

This space for internal use only.

Reviewed by: 10/16/02 JPL Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Patient's Name:

Date of Birth:

Today's Date:

Social HistoryDo you use tobacco products? ☐ Yes ☒ No If yes, how many packs per day? If yes, how many years of use?Do you consume alcoholic beverages? ☐ Yes ☒ No If yes, what is the frequency?What is your occupation? *Retired***Medical and Surgical History**

Have you had any of the following hospitalizations and/or surgeries? List others below.

Surgical	Yes	Medical	Yes
Appendectomy	✓	Asthma	
Cesarean Section		Cancer	
Gallbladder		Depression	
Heart (open or bypass)		Diabetes	
Hysterectomy		Heart Disease	
Joint Surgery (explain in space below)	✓	High Blood Pressure	
Spine Surgery (explain in space below)		Lung Disorder	
Tonsillectomy	✓	Neurological Disorder	

Other: *Appendix 1939 - Left Knee Replacement 1993 - Right Hip 1996*Other: *Right Knee 1998 - Tonsils 1990*

Other:

Other:

Medications

Please list each medication you are currently taking, how much you take (strength), and how often you take it.

Name	Dosage	Frequency
<i>None</i>		

Tests

Have you had the following diagnostic tests performed during the last four (4) months? List any others in space provided.

Test	Date	Physician	Where	Result
Blood Work				
Bone Scan				
CT Scan				
MRI Scan				
Arteriogram				
Other:				
Other:				

Patient's Name:

Date of Birth:

Today's Date:

Family History

Are any of the following illnesses found in your blood relatives?

Illness	Yes	Family Member
Arthritis	✓	Mother + Brother
Bleeding Disorder		
Cancer		
Diabetes		
Heart Disease		
Osteoporosis		
Scoliosis		
Stroke		
Other:		
Other:		

Review of Systems

Have you recently had any of the following medical conditions? List any others in space provided below.

Problem	Yes	Date	If Yes, Please Explain:
Fever or Chills			
Night Sweats			
Mood Changes			
Weight Gain or Loss			
Headaches			
Vision Change			
Shortness of Breath			
Chest Pain			
Irregular Heartbeat			
Swelling of Limbs			
Stomach Ulcers			
Jaundice			
Frequent or Painful Urination			
Joint Pain	✓		Knees hurt if overactive
Night Pain			
Anemia			
Blood Transfusions			
Bleeding Disorder			
Other:			
Other:			

Additional Patient Comments: _____

Physician / Nurse Comments: _____

CERTIFICATION FOR MEDICAL RECORDS**CUSTODIAN OF RECORDS**

Mohs Micrographic Surgery An Dermatology
Attn: Ron
1301 22nd Avenue South
Nashville, Tennessee 37232

Please find enclosed a request for records of:

Smith, Richard H**DOB: 1/4/1925****SSN: 412-24-6663****MRC Request No.: NRTN-P1-000-024-2MY**

Please find the following request for records:

Any and all inpatient and outpatient medical records including, but not limited to, front and back (unless blank) of reports, E.R. records, notes, test results, diagnoses, prognoses, office records, clinic records, surgery records, therapy records, pharmacy records, correspondence, "sticky" notes, phone messages, insurance cards, intake forms, discharge summaries, medical history forms, patient background forms, e-mails, memos, and any of the records mentioned above that are in storage.

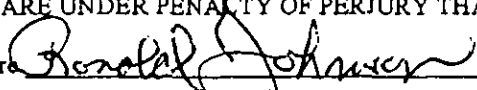
SECTION I: CERTIFICATION OF CUSTODIAN OF RECORDS

I, the undersigned, being the authorized custodian of records or other qualified witness, and having the authority to certify the attached records proclaim the following:

The attached 12 page(s) of records: Films: _____ Slides: _____ Blocks: _____ CDs: _____ Videos: _____ (1) were made at or near the time the act, event, condition, opinion or diagnosis by a person with knowledge of the matters reflected in the records; (2) were kept in the course of regularly conducted activity; and (3) were created as part of the regular practice of the provider.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature



Print Name

Ronald Johnson for
Thomas Stastke, M.D.

Executed on (date)

9/25/07**SECTION II: CERTIFICATION OF NO RECORDS**

A thorough search of our files, carried out under my direction revealed no documents, records or other materials called for in the subpoena or authorization.

PLEASE CHECK ALL THAT ARE APPLICABLE TO YOUR SEARCH FOR RECORDS

1. ☐ A thorough search of the patient's SS#, Date of Birth and all aka's was done and no such records were found, and to the best of my knowledge these records do not exist in storage.
2. ☐ These records have been destroyed. Our retention policy is _____ years.
3. ☐ These records are in the possession of _____.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature

Print Name

Executed on (date)

PLEASE RETURN THIS CERTIFICATION



September 25, 2007

Mohs Micrographic Surgery An Dermatology
1301 22nd Avenue South
Nashville, Tennessee 37232

RE: PATIENT: Smith, Richard H
DOB: 1/4/1925
SSN: 412-24-6663
REQUEST No.: NRTN-P1-000-024-2MY

Dear Custodian of Records:

We previously submitted a request for Medical records pertaining to the above referenced patient. We have received the requested records, however, the request certification is incomplete and MRC is unable to close this request due to the following:

Please fill out the attached certification with the missing or corrected information and mail the original certification to MRC at the address listed below.

If you have any questions or concerns regarding this matter, please do not hesitate to contact MRC.

Thank you in advance for your prompt attention to this matter.

Kindest regards,

MRC

6330 West Loop South, Suite 105 • Bellaire, TX 77401
713-528-6326 / 888-868-6769 (P) • 713-630-3020 (F)

Custodian Checklist

Please read the following instructions carefully before mailing the completed certification pages(s).

IF YOU HAVE RECORDS:

PLEASE COMPLETE SECTION I OF THE CERTIFICATION.

- We need a page count, (please do not include our coversheets as a part of the page count).
- Sign your name, print your name, and place a date in the appropriate spaces.
- You **MUST** initial by any changes you make to this document.
- Please return the certification page with enclosed documents.

IF YOU DO NOT HAVE RECORDS:

PLEASE COMPLETE SECTION II OF THE CERTIFICATION.

- Did you check by the plaintiff's social security number, date of birth, and any AKA's? Did you check in storage and you were still unable to find the records? Check box 1.
- Did your facility destroy the records because they were past your retention policy? Check box 2, and indicate what your retention policy is.
- If the records are known to be in the possession of another facility or person, please check box 3 and indicate where they are.
- Sign and print your name.
- Place a date in the appropriate space.

**Thank you for your cooperation,
MRC**

To expedite payment, please provide an accurate page count with itemized charges on the invoice. MRC will expect all charges to be reasonable and in compliance with state statutes.

022022685 SMITH, RICHARD H (01/04/1925 - 82YO M)

IMG Operative Reports 2003/09/24 14:32 By: Stasko, Thomas (Last modified by Greer, Linda (Malinda)) Indexed by: greechry

P.1 P.2 All pages Full size

08/29/2007 11:44 5153211287

PATTERSON MOHS

PAGE 01/02

08/29/2007 10:37 5153223535

PAGE 02/03

MOHS MICROGRAPHIC SURGERY LABORATORY
1900 PATTERSON ST. SUITE 100
NASHVILLE, TN 37212 615-329-0801
CLIA ID # 44D0881037

VANDERBILT UNIVERSITY MEDICAL GROUP
1207 17TH AVE. SUITE 305
NASHVILLE, TN 37212
SURGICAL OPERATIVE REPORT

Smith, Richard H

Date of operation: 9/24/2003

022022685

Mohs #: P04-0087

Pre-operative diagnosis: Basal Cell Carcinoma of the right tip of the nose
Post-operative diagnosis: Same

OPERATION:

**EXCISION WITH MICROGRAPHIC CONTROL (MOHS)
RECONSTRUCTION: COMPLEX LINEAR CLOSURE**

Indications for operation: This is a poorly-defined Basal Cell Carcinoma of the right tip of the nose, in a cosmetically and functionally sensitive area; therefore, micrographically controlled surgery with reconstruction of the resulting defect is indicated. Previous biopsy of the site read at University Dermopathology confirmed the diagnosis of Basal Cell Carcinoma.

Reference Medicare Part B - Tennessee Local Medical Review policy:
07-12-4A

Pre-op lesion size: 0.4 X 0.4 cm
Post-op defect size: 1.2 X 1.2 cm

Surgeon: Thomas Stasko, M.D.
1st Assistant: Hunter Sams, M.D.
2nd Assistant: Diane Depew, RN
Mohs Technician: Michelle French

Anesthetist: 4 ml of 1% Lidocaine with epinephrine 1:300,000

Blood Pressure: 134/80 Pulse: 88
Medical History Update: There has been no significant interval history.
Current Medications: Plavix
ALLERGIES:

The patient was informed of the nature of the micrographically controlled technique and the indications in this case. The patient is aware that a significant wound may result which may require a complex repair and result in a significant scar. The operative site was outlined by the surgeon with the cooperation of the patient. Informed consent was obtained and the patient was brought to the operating room, prepped and draped in the usual manner. Clinically obvious tumor was marked with methylene blue with 5-8mm margins of clinically normal tissue marked beyond that point. The entire area was infiltrated with 1% lidocaine with epinephrine 1:300,000.

S1-L1: A debulking layer of clinically obvious tumor was taken by sharp curettage. Debulking was taken to the level of the deep dermis.

S1-L2: A Mohs layer of tissue was taken by sharp dissection encompassing the entire pathology and base of the debulking wound. Dissection was taken to the level of the junction of the deep dermis and the superficial subcutaneous fat. Hemostasis was achieved with electrocoagulation. The tissue was mapped, treated as one section, chromocoded and processed for horizontal frozen section.

Microscopic review of the horizontal frozen sections showed residual basal cell carcinoma still present at the deep margins of resection.

022022685 SMITH, RICHARD H (01/04/1925 - 82YO M)

88/29/2887 11:44 6153211287

PATTERSON MOHS

PAGE 82/82

88/29/2887 18:37 6153223636

PAGE 83/83

PUS-0007

B2-L1: An additional Mohs layer of tissue was taken by sharp dissection encompassing the area of previous involvement. Dissection was taken to the level of the muscularis. Hemostasis was achieved with electrocoagulation. The tissue was mapped, treated as one section, chromacoded and processed for horizontal frozen sections.

Microscopic review of the horizontal frozen sections showed basal cell carcinoma to be present at the peripheral margins of resection.

B3-L1: An additional Mohs layer of tissue was taken by sharp dissection encompassing the area of previous involvement. Dissection was taken to the level of the muscularis. Hemostasis was achieved with electrocoagulation. The tissue was mapped, treated as one section, chromacoded and processed for horizontal frozen sections.

Microscopic review of the horizontal frozen sections showed no residual tumor.

Repair: COMPLEX LINEAR CLOSURE

Local anesthesia was reinforced by the additional infiltration of 1% Lidocaine with epinephrine 1:300,000. Wound edges were widely undermined at the level of the muscularis. Hemostasis was achieved with electrocoagulation. Subcutaneous and deep dermal tissue was approximated across the central portion of the defect in a oblique fashion utilizing interrupted buried sutures of 4-0 Vicryl. Triangles of redundant tissue were removed from the anterior and posterior poles of the defect by scalpel and sharp extensions dissection. Subcutaneous and deep dermal tissue was approximated in these areas utilizing interrupted buried sutures of 4-0 Vicryl. Skin edges were approximated utilizing simple sutures of 5-0 Prolene. The final sutured wound measured 2.5 cm.

All shoes were dressed with Polysporin ointment and a pressure dressing was placed. The patient was given verbal and written wound care instructions. It should be noted that the patient took Heparin 500mg 1hr prior to the procedure and 500 mg q 4 hours x 2 because of a history of a history of a joint replacement. The patient left the room in good condition and will arrange for follow-up here in 14 days.

Thomas Stasko, M.D.

cc: Dr. William Harwell

022022685 SMITH, RICHARD H (01/04/1925 - then 78YO M)

Note 2003/09/24 By: Stasko, Thomas NOT SIGNED ELECTRONICALLYVMG Patterson Street Dermatology
September 24, 2003SMITH, Richard
#0220 22 68-5

SUBJECTIVE: Mr. Smith is a pleasant 78-year-old white male who is seen in consultation from Dr. William Harwell for a history of a spot on the right side of the nose for several months. The patient reports no prior history of skin cancer. Previous biopsy, ready by University Dermatopathology, yielded a diagnosis of basal cell carcinoma. The patient is now seen in consultation for evaluation for further treatment.

CURRENT MEDICATIONS: Flexeril, one daily; multivitamin; vitamins C and E, and magnesium. **ALLERGIES:** No known drug allergies.

REVIEW OF SYSTEMS: The patient reports a history of bilateral knee replacements in 1993 and 1998, right hip prosthetic in 1996, and back surgery in 2003. The patient reports a past medical history including arthritis. Family history is negative for skin cancer. The patient is married. The patient does not smoke cigarettes. The patient denies a history of a bleeding disorder. The patient denies a history consistent with HIV exposure. The patient denies any history of other significant cardiac, pulmonary, neurologic, genitourinary, or gastrointestinal problems.

OBJECTIVE: A well-developed, well-nourished, white male in no acute distress, alert, and oriented x3. Blood pressure 134/80, pulse 88.

On the right nose is a 4 mm erythematous papule at the site of previous biopsy. The lesion is faintly palpable. There are no other concerning lesions noted on the patient's face, scalp, neck, upper chest, or bilateral upper extremities. There is no palpable lymphadenopathy in the cervical or auricular chains.

ASSESSMENT: Basal cell carcinoma, right nose.

Continued . . .

PAGE TWOVMG Patterson Street Dermatology
September 24, 2003SMITH, Richard
#0220 22 68-5

PLAN: Because of the nature of this tumor, Mohs micrographic surgery is indicated. Mohs micrographic surgery, its risks, possible benefits, and alternative therapies were discussed. The patient understands it is impossible to predict the ultimate size of the surgical defect prior to the actual procedure, and that a cosmetically and/or functionally significant defect may result that requires a complex repair. The patient received a Mohs brochure. Mohs micrographic surgery will be performed today. Due to the patient's artificial joints, he will take Keflex one hour prior to the operation, and the evening after surgery, as well.

Hunter H. Sams, M.D.

HHS:lg1

Vanderbilt University Medical Center

Release of Information (615) 322-2062

022022685 SMITH, RICHARD H (01/04/1925 - then 78YO M)

I reviewed the history with Dr. Sams and with the patient.

I examined the patient, and the findings are as detailed in Dr. Sams's note.

The patient does have a basal cell carcinoma of the right nose.

Mohs micrographic surgery was performed, and I was present for the procedure.

Thomas Stasko, M.D.

TS:lg1

cc: William B. Harwell, Jr., M.D.

Vanderbilt University Medical Center

Release of Information (615) 322-2062

022022685 SMITH, RICHARD H (01/04/1925 - then 78YO M)

Note 2003/09/24 By: Stasko, Thomas NOT SIGNED ELECTRONICALLYVMG Patterson Street Dermatology
September 24, 2003SMITH, Richard
#0220 22 68-5

SUBJECTIVE: Mr. Smith is a pleasant 78-year-old white male who is seen in consultation from Dr. William Harwell for a history of a spot on the right side of the nose for several months. The patient reports no prior history of skin cancer. Previous biopsy, ready by University Dermatopathology, yielded a diagnosis of basal cell carcinoma. The patient is now seen in consultation for evaluation for further treatment.

CURRENT MEDICATIONS: Flexeril, one daily; multivitamin; vitamins C and E, and magnesium. **ALLERGIES:** No known drug allergies.

REVIEW OF SYSTEMS: The patient reports a history of bilateral knee replacements in 1993 and 1998, right hip prosthetic in 1996, and back surgery in 2003. The patient reports a past medical history including arthritis. Family history is negative for skin cancer. The patient is married. The patient does not smoke cigarettes. The patient denies a history of a bleeding disorder. The patient denies a history consistent with HIV exposure. The patient denies any history of other significant cardiac, pulmonary, neurologic, genitourinary, or gastrointestinal problems.

OBJECTIVE: A well-developed, well-nourished, white male in no acute distress, alert, and oriented x3. Blood pressure 134/80, pulse 88.

On the right nose is a 4 mm erythematous papule at the site of previous biopsy. The lesion is faintly palpable. There are no other concerning lesions noted on the patient's face, scalp, neck, upper chest, or bilateral upper extremities. There is no palpable lymphadenopathy in the cervical or auricular chains.

ASSESSMENT: Basal cell carcinoma, right nose.

Continued . . .

PAGE TWO

VMG Patterson Street Dermatology
September 24, 2003SMITH, Richard
#0220 22 68-5

PLAN: Because of the nature of this tumor, Mohs micrographic surgery is indicated. Mohs micrographic surgery, its risks, possible benefits, and alternative therapies were discussed. The patient understands it is impossible to predict the ultimate size of the surgical defect prior to the actual procedure, and that a cosmetically and/or functionally significant defect may result that requires a complex repair. The patient received a Mohs brochure. Mohs micrographic surgery will be performed today. Due to the patient's artificial joints, he will take Keflex one hour prior to the operation, and the evening after surgery, as well.

Hunter H. Sams, M.D.

HHS:lg1

Vanderbilt University Medical Center

Release of Information (615) 322-2062

022022685 SMITH, RICHARD H (01/04/1925 - then 78YO M)

I reviewed the history with Dr. Sams and with the patient.

I examined the patient, and the findings are as detailed in Dr. Sams's note.

The patient does have a basal cell carcinoma of the right nose.

Mohs micrographic surgery was performed, and I was present for the procedure.

Thomas Stasko, M.D.

Ts:lg1

cc: William B. Harwell, Jr., M.D.

Vanderbilt University Medical Center

Release of Information (615) 322-2062

022022685 SMITH, RICHARD H (01/04/1925 - then 78YO M)

Note 2003/10/27 By: McDonald, Michel NOT SIGNED ELECTRONICALLY

VMG Patterson Street Dermatology
October 27, 2003

SMITH, Richard
#0220 22 68-5

SUBJECTIVE: Mr. Smith is a 78-year-old white male who is status post Mohs micrographic surgery of a basal cell carcinoma of the right nasal tip on September 24, 2003. Beginning two days ago, he noted a pimplelike growth forming centrally, and subsequently he was able to extrude white liquid and what appeared to be a white string.

OBJECTIVE: Examination reveals a well-healed scar of the right nasal tip, with a 0.1 x 0.1 cm area centrally which is slightly eroded and healing. There is no surrounding erythema, drainage, or warmth.

ASSESSMENT: Extruded Vicryl suture from Mohs micrographic surgery site which is now healing well, without evidence of secondary impetiginization.

PLAN:

1. The patient was given Bactroban to apply to the site twice a day for the next week.
2. He will follow up in approximately two months with Dr. Thomas Stasko. The patient will return sooner should he note any problems prior to that time.

Michel McDonald, M.D.

MM:lgl

Vanderbilt University Medical Center

Release of Information (615) 322-2062

022022685 SMITH, RICHARD H (01/04/1925 - then 78YO M)

Note 2003/11/05 18:13 By: Stasko, Thomas Signed by: stasjkqVMG Patterson Street Dermatology
November 5, 2003SMITH, Richard
#0220 22 68-5

SUBJECTIVE: Mr. Smith is a pleasant 78-year-old white male who is status post Mohs micrographic surgery for a basal cell carcinoma of the right nose tip September 24, 2003. He now presents for a several week history of "festering and pus" coming out of the nasal incision site. He is concerned because the skin cancer began in a similar fashion. He has previously been evaluated by Dr. Michel McDonald, who believed he had a retained suture and prescribed Bactroban ointment, which the patient has been applying daily.

OBJECTIVE: On the right dorsal nose, extending obliquely toward the nasal tip, is a well-healed surgical incision scar. On the anterior one-third, there is an erythematous papule. With pressure, pus is extruded. There is no visible suture, and the area is soft. There is no clinical evidence of recurrence of the tumor. There are no other concerning lesions noted on the patient's face, scalp, neck, upper chest, or bilateral upper extremities.

ASSESSMENT:

1. Status post Mohs micrographic surgery.
2. Retained suture with inflammation.

PLAN:

1. The patient was reassured that this represents a retained suture and not return of the cancer.
2. He will apply Cleocin T solution to the nose.
3. Follow up in one week for a recheck.

Hunter H. Sams, M.D.

HHS:lg1

Continued . . .

PAGE TWOVMG Patterson Street Dermatology
November 5, 2003SMITH, Richard
#0220 22 68-5

I reviewed the history with Dr. Sams and with the patient.

I examined the patient, and the findings are as detailed in Dr. Sams's note.

The patient is doing well status post Mohs micrographic surgery. The patient does have a retained suture at the surgical site.

The plan is as detailed in Dr. Sams's note.

Thomas Stasko, M.D.

TS:lg1

Vanderbilt University Medical CenterRelease of Information (615) 322-2062

022022685 SMITH, RICHARD H (01/04/1925 - then 78YO M)

Note 2003/11/12 18:08 By: Stasko, Thomas Signed by: stasjkqVMG Patterson Street Dermatology
November 12, 2003SMITH, Richard
#0220 22 68-5

SUBJECTIVE: Mr. Smith is a pleasant 78-year-old white male who is status post Mohs surgery for a basal cell carcinoma of the right nasal tip September 24, 2003. He continues to have a papule on the anterior portion of the suture line, which is of concern to him. He has had no pus from this site since his last visit. He has avoided manipulation of the site and has been applying Cleocin lotion.

OBJECTIVE: Within a well-healed surgical incision line of the right nose, toward the tip, is a 4 mm erythematous papule. There is no visible pus. There are no other concerning lesions noted on the patient's face, scalp, neck, upper chest, or bilateral upper extremities.

ASSESSMENT:

1. Status post Mohs.
2. Suture granuloma.

PLAN:

1. Shave biopsy was performed of the papule on the right nasal tip.

PROCEDURE: After informed consent was obtained, the patient was brought to the procedure room and was prepped and draped in the usual manner. Local anesthesia was assured by the infiltration of 1% lidocaine with epinephrine 1:300,000. A shave biopsy was performed, and sent to Pathology for permanent sections. A stitch was visible beneath the papule and was removed with forceps. This was then treated with light electrodesiccation. The wound was dressed with Polysporin, and a bandage was placed. The patient was given verbal and written wound care instructions.

Continued . . .

PAGE TWOVMG Patterson Street Dermatology
November 12, 2003SMITH, Richard
#0220 22 68-5

2. The patient will follow up in approximately three weeks for recheck.

Hunter H. Sams, M.D.

HHS:lgl

I reviewed the history with Dr. Sams and with the patient.

I examined the patient, and the findings are as detailed in Dr. Sams's note.

The patient is doing well status post Mohs micrographic surgery. The patient does have a suture granuloma within the suture line.

Vanderbilt University Medical Center

Release of Information (615) 322-2062

022022685 SMITH, RICHARD H (01/04/1925 - then 78YO M)

Shave biopsy was performed of the papule on the right nasal tip, and I was present for the procedure.

Thomas Stasko, M.D.

TS:lgl

Vanderbilt University Medical Center

Release of Information (615) 322-2062

022022685 SMITH, RICHARD H (01/04/1925 - then 78YO M)

Note 2003/11/19 16:41 By: Stasko, Thomas Signed by: stasjkqVMG Patterson Street Dermatology
November 19, 2003SMITH, Richard
#0220 22 68-5

SUBJECTIVE: Mr. Smith is a pleasant 78-year-old white male who is status post Mohs micrographic surgery for a basal cell carcinoma on the right nasal tip September 24, 2003. Subsequently, he developed an area of inflammation and pus towards the anterior portion of the scar line. This was initially treated with Cleocin T lotion, and one week ago we unroofed what had developed into a papule, and removed a retained suture. Pathology on the unroofed portion revealed a diagnosis of inflammation and scar reaction only. The patient now presents for a recheck and is doing much better, with no "festering" of the area.

OBJECTIVE: On the right nasal tip is a crusted 3 mm papule at the site of prior unroofing of the papule via shave biopsy. There is no pus or exudate. The surgical incision site at the right nose, extending toward the tip, is well healed with no clinical sign of recurrence. There are no other concerning lesions noted on the patient's face, scalp, neck, upper chest, or bilateral upper extremities.

ASSESSMENT: Status post Mohs micrographic surgery with retained suture.

PLAN:

1. A bit of the crust was manually debrided.
2. The patient is to keep the area moistened with Vaseline several times daily.
3. He will make an appointment for followup in three weeks but has been advised that he may cancel this appointment if the crusted area heals over completely.
4. He will follow up with Dr. William Harwell for subsequent skin checks three to six months from the date of the surgery.

Hunter H. Sams, M.D.

HHS:lgl

Continued . . .

PAGE TWOVMG Patterson Street Dermatology
November 19, 2003SMITH, Richard
#0220 22 68-5

I reviewed the history with Dr. Sams and with the patient.

I examined the patient, and the findings are as detailed in Dr. Sams's note.

The patient is status post Mohs micrographic surgery with retained suture.

The plan is as detailed in Dr. Sams's note.

Thomas Stasko, M.D.

TS:lgl

022022685 SMITH, RICHARD H (01/04/1925 - then 78YO M)

cc: William B. Harwell, Jr., M.D.

Vanderbilt University Medical Center

Release of Information (615) 322-2062

CERTIFICATION FOR BILLING RECORDS

CUSTODIAN OF RECORDS
Schull, David M., M.D.
Attn: Barbara
4230 Harding Road Suite 521
Nashville, Tennessee 37205

Please find enclosed a request for records of:
Smith, Richard H
DOB: 1/4/1925
SSN: 412-24-6663
MRC Request No.: NRTN-P1-000-024-2MH

Please find the following request for records:

Any and all inpatient and outpatient billing records including, but not limited to, any and all statements, itemized bills, insurance records, and any of the records mentioned above in storage.

SECTION I: CERTIFICATION OF CUSTODIAN OF RECORDS

I, the undersigned, being the authorized custodian of records or other qualified witness, and having the authority to certify the attached records proclaim the following:

The attached _____ page(s) of records: Films: _____ Slides: _____ Blocks: _____ CDs: _____ Videos: _____ (1) were made at or near the time the act, event, condition, opinion or diagnosis by a person with knowledge of the matters reflected in the records; (2) were kept in the course of regularly conducted activity; (3) were created as part of the regular practice of the provider; and (4) are the complete and unabridged copies of records maintained by this facility with regards to the above-named plaintiff.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature _____ Print Name _____

Executed on (date) _____

SECTION II: CERTIFICATION OF NO RECORDS

A thorough search of our files, carried out under my direction revealed no documents, records or other materials called for in the subpoena or authorization.

PLEASE CHECK ALL THAT ARE APPLICABLE TO YOUR SEARCH FOR RECORDS

1. ☒ A thorough search of the patient's SS#, Date of Birth and all aka's was done and no such records were found, and to the best of my knowledge these records do not exist in storage.
2. ☐ These records have been destroyed. Our retention policy is _____ years.
3. ☐ These records are in the possession of _____.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature Barbara J. Hayes Print Name Barbara J. Hayes

Executed on (date) 8/21/07

PLEASE RETURN THIS CERTIFICATION

CERTIFICATION FOR MEDICAL RECORDS

CUSTODIAN OF RECORDS
Schull, David M., M.D.
Attn: Barbara
4230 Harding Road Suite 521
Nashville, Tennessee 37205

Please find enclosed a request for records of:
Smith, Richard H
DOB: 1/4/1925
SSN: 412-24-6663
MRC Request No.: NRTN-P1-000-024-3ZT

Please find the following request for records:

Any and all inpatient and outpatient medical records including, but not limited to, front and back (unless blank) of reports, E.R. records, notes, test results, diagnoses, prognoses, office records, clinic records, surgery records, therapy records, pharmacy records, correspondence, "sticky" notes, phone messages, insurance cards, intake forms, discharge summaries, medical history forms, patient background forms, e-mails, memos, and any of the records mentioned above that are in storage.

SECTION I: CERTIFICATION OF CUSTODIAN OF RECORDS

I, the undersigned, being the authorized custodian of records or other qualified witness, and having the authority to certify the attached records proclaim the following:

The attached _____ page(s) of records: Films: _____ Slides: _____ Blocks: _____ CDs: _____ Videos: _____ (1) were made at or near the time the act, event, condition, opinion or diagnosis by a person with knowledge of the matters reflected in the records; (2) were kept in the course of regularly conducted activity; (3) were created as part of the regular practice of the provider; and (4) are the complete and unabridged copies of records maintained by this facility with regards to the above-named plaintiff.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature _____ Print Name _____

Executed on (date) _____

SECTION II: CERTIFICATION OF NO RECORDS

A thorough search of our files, carried out under my direction revealed no documents, records or other materials called for in the subpoena or authorization.

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1. ☒ A thorough search of the patient's SS#, Date of Birth and all aka's was done and no such records were found, and to the best of my knowledge these records do not exist in storage.
2. ☐ These records have been destroyed. Our retention policy is _____ years.
3. ☐ These records are in the possession of _____.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature Barbara J. Hayes Print Name Barbara J. Hayes

Executed on (date) 8/26/07

PLEASE RETURN THIS CERTIFICATION

CERTIFICATION FOR MEDICAL RECORDS

CUSTODIAN OF RECORDS
Schull, David M., M.D.
Attn: Barbara
4230 Harding Road Suite 521
Nashville, Tennessee 37205

Please find enclosed a request for records of:
Smith, Richard H
DOB: 1/4/1925
SSN: 412-24-6663
MRC Request No.: NRTN-P1-000-024-3ZT

Please find the following request for records:

Any and all inpatient and outpatient medical records including, but not limited to, front and back (unless blank) of reports, E.R. records, notes, test results, diagnoses, prognoses, office records, clinic records, surgery records, therapy records, pharmacy records, correspondence, "sticky" notes, phone messages, insurance cards, intake forms, discharge summaries, medical history forms, patient background forms, e-mails, memos, and any of the records mentioned above that are in storage.

SECTION I: CERTIFICATION OF CUSTODIAN OF RECORDS

I, the undersigned, being the authorized custodian of records or other qualified witness, and having the authority to certify the attached records proclaim the following:

The attached _____ page(s) of records: Films: _____ Slides: _____ Blocks: _____ CDs: _____ Videos: _____ (1) were made at or near the time the act, event, condition, opinion or diagnosis by a person with knowledge of the matters reflected in the records; (2) were kept in the course of regularly conducted activity; (3) were created as part of the regular practice of the provider; and (4) are the complete and unabridged copies of records maintained by this facility with regards to the above-named plaintiff.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature _____ Print Name _____

Executed on (date) _____

SECTION II: CERTIFICATION OF NO RECORDS

A thorough search of our files, carried out under my direction revealed no documents, records or other materials called for in the subpoena or authorization.

PLEASE CHECK ALL THAT ARE APPLICABLE TO YOUR SEARCH FOR RECORDS

- ☒ A thorough search of the patient's SS#, Date of Birth and all aka's was done and no such records were found, and to the best of my knowledge these records do not exist in storage.
- ☐ These records have been destroyed. Our retention policy is _____ years.
- ☐ These records are in the possession of _____.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature Barbara J. Hayes Print Name Barbara J. Hayes

Executed on (date) 8/20/07

PLEASE RETURN THIS CERTIFICATION